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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XVI JULY, 1918 Number 7

THIS MEANS BUSINESS—READ IT!

There was described in a recent issue of the JOURNAL the formation of the Volunteer Medical Service Corps. This Corps is designed to furnish an emergency medical organization, auxiliary to the medical establishments of the Army and Navy, for such military and civic duty as is not otherwise provided for. Members are to be those physicians who would be accepted for the Medical Reserve Corps, were it not for physical disability, over military age (55), essential public need, essential institutional need, or dependents. Women physicians are eligible. Members must be licensed graduates in medicine, and must apply for membership on regular blanks which will be furnished by county secretaries or from the JOURNAL office. Appropriate insignia will be adopted and members will wear it. In the application is included a detailed statement of training, experience, scientific and other aptitude, and special availability for special service. In this last are included service as consultant, institutional work, local or medical advisory boards, rehabilitation of rejected registrants, services to needy families of enlisted men, sanitation, and any other special service likely to be needed.

We have urged every doctor to make the need for Army and Navy medical officers a first claim on his attention. That the state of California is well represented by the enrollment thus far is shown by the following table:

County	Registers about	Number in service	Percent-age
Alameda.....	528	51	9.6
Amador.....	12	1	8.3
Butte.....	38	2	5.2
Contra Costa.....	47	9	19.0
Eldorado.....	8	1	12.5
Fresno.....	133	9	6.7

Glenn.....	13	2	15.3
Humboldt.....	42	4	9.5
Imperial.....	38	3	7.8
Inyo-Kern.....	73	11	15.0
King-Lake-Lassen.....	26	4	15.3
Los Angeles.....	1549	220	14.2
Madera.....	32	0	0.0
Marin.....	33	8	24.2
Mendocino.....	31	2	6.4
Merced.....	29	3	10.3
Modoc.....	6	3	50.0
Monterey.....	32	2	9.3
Napa.....	56	2	3.5
Nevada.....	11	1	9.0
Orange.....	86	6	6.9
Placer.....	31	4	12.9
Plumas.....	11	1	9.0
Riverside.....	79	10	12.6
Sacramento.....	165	14	8.5
San Benito.....	11	0	0.0
San Bernardino.....	144	18	12.5
San Diego.....	74	38	51.3
San Francisco.....	1241	214	17.2
San Joaquin.....	100	7	7.0
San Luis Obispo.....	33	4	12.1
San Mateo.....	36	5	13.8
Santa Barbara.....	60	8	13.3
Santa Clara.....	170	19	11.1
Santa Cruz.....	45	5	11.1
Shasta.....	21	1	4.7
Siskiyou.....	30	1	3.3
Solano.....	35	5	14.2
Sonoma.....	70	6	8.5
Stanislaus.....	50	4	8.0
Sutter.....	9	0	0.0
Tehama.....	18	2	11.1
Trinity.....	5	3	60.0
Tulare.....	51	6	11.7
Tuolumne.....	12	1	8.3
Ventura.....	31	7	22.5
Yolo.....	22	1	4.5
Yuba.....	12	3	25.0

Calaveras, Colusa, Del Norte, Mariposa, Mono, Sierra, Yosemite..... 26 1
Not the absolute figures but the percentages

are of special interest here. How is your county represented? If it is not equal to the percentage allotment for the entire state, which means an average of 20 per cent. for each county, are you to blame? Why should not your county have its just and equable proportion of medical officers? Why should not every county go beyond its quota? If your county percentage is below the allotment, why are you not enrolled in the Medical Reserve Corps?

But suppose you are not in uniform and are not commissioned in either the Army or the Navy Reserves, and you have a legitimate reason. And you are able and willing to do what you can in your own location even though circumstances make it impossible for you to accept the call to active duty. *Then apply at once for enrollment in the Volunteer Medical Service Corps.* If you are really entitled to exemption from the Medical Reserve, you will be enrolled here. It is for such as you, and is to give you a chance to render needed and patriotic service of real value and with proper recognition and insignia. It is your duty and honor to enroll. Do it now.

Think this over carefully. Send for detailed literature of the Volunteer Medical Service Corps. The physicians of the state have responded admirably thus far to the call for active duty. Here is the opportunity and call for those who for any just reason cannot go to full active duty. Do not pass it by. Enroll now. Shortly you will sadly need the uniform or the insignia of this Corps. Get it now.

IMPORTANCE OF RED CROSS HEALTH CERTIFICATES.

All persons employed by the Red Cross in any official capacity abroad must have a careful physical examination and certificate from a licensed physician. Usually the examining physician will be the usual medical attendant of the applicant. Nearly always there is a tendency for the examiner to feel that he should be lenient and give the best possible interpretation to his findings. Against any such feeling all physicians are hereby seriously warned. These Red Cross health certificates are confidential reports from the physician to the Red Cross. They receive much attention and carry much influence in determining whether the applicant shall be accepted.

It is the part of honesty and real patriotism for the examiner to keep constantly in mind the importance of his function and the patriotic necessity for a true and accurate report. The Red Cross relies on these certificates and therein on the integrity and care of the examiner. An ill-considered or too optimistic report will often mean the physical breakdown under service conditions of a person who should never have been sent abroad. Such breakdown means large expense in cash to the Government, and means the withdrawal of bed space in hospital, and of medical and nursing service which are urgently needed for others. It means also the wastage of money, time and effort

on the part of the Red Cross in trying to obtain qualified workers.

In all examinations for the Red Cross the physician should exercise the most scrupulous regard for ascertaining and presenting the real facts of the case. More even than in an insurance examination is this necessary because of the patriotic features involved and the serious consequences which may ensue if an applicant is wrongly certified as mentally and physically qualified for service. Regular medical examiners will be or have been appointed in cities and towns where needed by the Red Cross. If these examiners are found unsatisfactory and their reports inaccurate, others will be appointed in their places.

THE TREATMENT OF DRUG ADDICTION.

The operations of the Harrison narcotic law have brought to light many cases of unsuspected drug addiction. This is in addition to the cases of rather common occurrence in the Oriental population and other recognized groups. Yet the fact remains, in spite of the current impression that drug addiction is excessively common, that there are probably few accurate data available and that the actual number is really unknown. It has been estimated that there are not over 175,000 addicts in the United States. This may be far too small but even thus, the condition constitutes a serious problem and demands more study than the average physician has given it. Drastic regulation has doubtless failed to reduce the number significantly and we are forced to the conclusion that it is necessary for the physician to be better informed in proper treatment and in the seriousness of the condition.

This situation has led many of the better medical schools to establish lectureships on drug addiction, in order that medical students may have definite and thorough instruction in this important subject. There is serious need, however, in addition to this, that certain problems be carefully studied and data accumulated on them. More information is needed as to the incidence of the condition, as to the causes for it, and as to the mental and psychological attributes of the condition. These phases might well be taken up in the program of the Society for Mental Hygiene. Proper education of the young is certainly necessary if they are successfully to avoid contracting these practices.

It is essential that drug addiction should always be treated in proper institutions or hospitals, and that the course be prolonged. The special type of treatment has been described and discussed in medical literature quite fully. There are, however, certain considerations which seem to have lacked due emphasis.

Many physicians are under the impression that when a drug addict has been taken off the drug, the cure is completed. Such, of course, is far from the fact. The real cure is only beginning at this point. It is absolutely essential to establish a psychological state in the patient as well as a physical absence of the drug. Otherwise the addict will remain an addict and return to his drug at the first opportunity or temptation. Many opium addicts

derive a certain sensuous pleasure from lying on a hard board or floor. This has become associated in their mind with the pleasure of the drug itself. To remove the drug and to have the patient still enjoying the "bunk habit" and deriving pleasure from lying on a hard surface, is far from effecting a cure. There must be produced a new psychological condition which really means that the patient is making a new and conscious start, and a will to conquer the habit.

Another common error is to shorten the institutional stay when the habit seems controlled. A longer stay under the moral restraint and associations of the institution and its staff often is of permanent value in determining the length of the cure. Mental control, self-confidence and psychological equilibrium must be thoroughly restored. To this end, confidence and trust in the physician are very important, and the degree to which they are obtained by the physician will often measure the success of the cure.

There should be definite state provision for the skilled care and treatment of drug addicts in state hospitals under competent supervision. Along with this should go the abolition of manufacture of all opium preparations except the most essential. The great bulk of drug addiction is represented in the undue use of opium or its derivatives. Physicians should recognize that the treatment of drug addiction is no easy matter and that institution care and expert attendance are essential.

LEGAL ASPECTS OF SOCIAL INSURANCE.

An interesting meeting of the San Francisco County Medical Society was held June 11th. The President, Dr. J. H. Graves, presided and introduced the subject of the evening, "Social Health Insurance" in a few words, in which he recounted the appointment of the Social Insurance Commission of California to investigate the problem, its activities since its appointment by the Governor, and the general scope of its investigations.

Mr. Hartley F. Peart, General Attorney for the State Medical Society, then delivered a brief address on "Legal Aspects of Health Insurance." The speaker stated that as no bill had been proposed by the Social Insurance Commission, his remarks would necessarily be confined to a consideration of the proposed constitutional amendment and to some observations of possible problems of administration in the event of the passage of the amendment and the enactment of a bill.

Commenting on the amendment the attorney said that it bore unmistakable evidences of careful drafting designed to repel successful attack as violative of the constitutional guarantees under the Constitution of California; and, particularly, the rights of personal liberty, private property, freedom to contract, and the equal protection of the laws.

"The proposed amendment," the speaker continued, "was quite evidently sponsored as a reasonable exercise of the police power, viz: that attribute of sovereignty corresponding to the right of self-preservation in the individual." He discussed decisions of the Supreme Court of Cali-

fornia, dealing with the constitutionality of the Workingman's Compensation Act, the predecessor of this measure.

As to administration, the General Attorney stated that he had little material to comment upon, as the few publications of the Social Insurance Commission contained scarcely anything upon the subject other than the statements that medical examination of workers would not be required, and that free choice of any licensed physician, desiring to practice under the act, would be allowed. As to whether medical treatment would be compulsory, there was a contradiction in the announcements of the Commission. It is stated in one pamphlet that the only compulsion under social health insurance will be "the financial compulsion to insure"; the pamphlet reading: "No one will be compelled to accept the benefits against his conscience or against his will"; while in another publication it is stated, "Health Insurance to be effective must be made compulsory upon the individual worker"; and in another, this statement appears, "The necessity for the element of compulsion to secure effective insurance on the part of all persons who need protection is evidenced by these facts."

The speaker closed with a discussion of the constitutional guarantees contained in the Amendments of the Constitution of the United States, and expressed the opinion that if the Health Insurance amendment passed, and a compulsory law was enacted, close legal questions would undoubtedly be presented in this connection. His conclusion was that in any such far-reaching scheme, covering such a subject, no successful outcome could be hoped for, unless administration of such a health department was entrusted practically in its entirety, to the medical profession.

NUTRITION CLASSES.

A singularly efficient and promising method of improving the nutrition of undernourished school children has been worked out by Dr. W. R. P. Emerson at the Massachusetts General Hospital. The principle requires the co-operation of the child and the home but these are secured with surprising success. And these two requirements greatly increase the educational value of the method. It rests on the thesis of Dr. Emerson that the causes of mal-nutrition are often psychic and that a prescribed diet is not always necessary for their removal. Measured feeding and relief from strain in school are the two essentials.

In these nutrition classes are placed those children who are under weight and under nourished. Each child is given a chart which is part of the equipment of the class and all the charts are compared and their relative advances noted. Each chart shows the normal weight curve for that child with his own weight beneath. When his own weight curve touches the normal he is graduated and given a diploma. There is thus aroused a healthy competition in weight gaining and a great stimulus to improve every possible means for get-

ting better health. The graphic chart method thus not alone gives the doctor the basis for his advice but arouses an earnest endeavor on the part of the children to attain that desired normal weight line.

While this is being accomplished with the child at school, the visitor in the family secures the co-operation of the mother and insures an adequacy of plain food for the child at home. It is seldom actual poverty which has led to the mal-nutrition in the child, so much as the fact that this particular child does not get enough of the food already provided. Often other children in the family are well nourished and plump and yet one or more members are thin and under fed. Here the problem is to see that such a child eats more, has extra lunches, and that a measured amount of food is eaten by him each day. Accurate diet records are of the utmost importance. The home visitor also has the opportunity to advise about sufficient rest, fresh air and proper clothing.

School health work should be a basic and essential element of the educational structure. It is not sufficient or efficient to confine health work to the study of disease. It is both efficient and for children fully sufficient to inaugurate health classes in which the child can be taught personal hygiene and the principles of health out of his own experience. In the Survey for June 1, 1918, Camelia W. Uzzell after describing the excellent results of Dr. Emerson's methods in Boston and New York, says: "The school as the institution that reaches every child, is the logical center for any program of national health, but school health work has heretofore accomplished little, because it has not been made an integral part of the educational system. It is in the school buildings but not in the educational scheme, and no method of health education will be successful until it is made as much a part of school work as reading and arithmetic."

MEASUREMENTS OF AMERICAN SOLDIERS.

Certain considerations in anthropology are of the utmost interest to physicians especially and to all persons interested in social and racial improvement. The relations between certain fixed bony landmarks of the body bear a constant ratio according to race and racial intermixture. The study of the age and development of man is thus a study of his bony landmarks in their changing relations. Ethnology has its roots near this same primitive basis also.

It would seem that the routine examination and measurement of the men of the National Army as well as of other military organizations might to good advantage include a record of certain anthropological data which would be of the utmost scientific interest and value. Such data would be on a scale sufficiently large to allow accurate deductions and would reveal essential characteristics of the national American physique as compared with other races and as blended from other races. This subject has received attention from Dr. Ales Hrdlicka of the Smithsonian Institute and has been

the subject of certain observations on the incoming immigrants at Ellis Island before the great war. It deserves serious attention in the present emergency which affords an opportunity that may never again present. With this thought in mind, an inquiry was sent to the office of the Surgeon-General of the Army and as a result there was received the very interesting and instructive article which appears on another page by Arthur MacDonald.

MacDonald recognizes the importance of this opportunity for securing simple data of scientific value in establishing the American cephalic index, or ratio of length to width of skull. He calls attention to the fact that this index greatly enhances the value of all other measurements, whether physical or psychological. He makes the further statement that these two measurements could easily be taken in the routine examination of recruits and draftees and would add perhaps one minute to the length of the physical examination. He suggests the further consideration that the determination of the cephalic index would be a valuable means of further identification of soldiers.

EDITORIAL COMMENT.

An interesting and suggestive paper on "State Board Problems" by Dr. Charles B. Pinkham, Secretary of the California Board of Medical Examiners, was read by title at the annual meeting of the Federation of State Medical Boards at Chicago in February, 1918. Two of his comments are especially worthy of repetition. "The medical society of each state could well afford to establish a publicity bureau under the supervision of a trained salaried newspaper writer who would keep the daily press supplied with articles educationally constructive, thus affording the public an opportunity to become conversant with important problems. The impetus of such a campaign would carry weight in legislative halls and would be of material benefit in effecting a whole-hearted support in efforts to suppress the violator, quack and charlatan." And again, speaking of the advertising medical specialist and quack "clinical laboratory," "the activities of the federal authorities in handling the venereal problem as a part of the national plan of efficiency, will be of material benefit in eradicating this class of medical parasite. It is to be hoped that federal regulation bearing on traffic in salvarsan or other anti-luetic specifics will effectively force these 'quacks' to flight or imprisonment."

Did you ever stop to consider what a large and definite number of votes the doctor can influence and often direct at the primaries and elections? It might be worth while for each individual doctor to exercise a little more conscious care in the suggestions and opinions he gives among his friends and patients as to candidates and measures up for election. Even the hardened politician is finding it much to his interest to support men and measures which will receive the active support of the doctors.

An example worthy of emulation is described in the May issue of the State Board of Health Bulletin, where is told the story of the sanitization of the entire district surrounding Camp Fremont in the Santa Clara valley. Every hotel, restaurant, eating house, lunch room, cafe, cafeteria, soda fountain, ice cream parlor, soft drink stand, fruit and vegetable stand, meat market, bakery, grocery, creamery, dairy, and every other place where food is manufactured or sold, has been put in perfect sanitary order. Moreover this condition of perfection is being maintained by frequent and thorough inspections. This means that all such places are clean, screened, flyless, and provided with clean and sterilized dishes and food utensils. Those serving and preparing food are in good health. And altogether, it has been very much worth while. It has given the soldier proper sanitary protection. It is no more than what ought to be done with our present idea of sanitation. Yet why should not similar campaigns be inaugurated in every city, town and hamlet of the state? Why would not the advantages be just as manifest in each of these as at Camp Fremont? If the people want such sanitation they can have it. Why not educate them in its merits and lead them to insist on it?

W. L. Treadway calls attention in the Public Health Reports for May 17, 1918, to certain elements in the personality of feeble-minded children which are not considered in the formal psychological tests so much in vogue and which require the service of a trained psychiatrist to evaluate. He finds certain such constitutional traits of sufficient frequency to justify a tentative classification into types, such as those with shut-in tendencies, those with manic depressive-like reactions, those allied to the manic depressive group, those who show the egoistic and epileptic temperament, and those who show a fatuous temperament. This serves to emphasize the close relation probably existing between the higher types of mental deficiency and those psychic disorders usually regarded as insanity. Recognition of these types of personality in the feeble-minded, permits earlier inauguration of efficient prophylaxis against later social and mental catastrophe, by earlier segregation on the one hand, and by early replacement of vicious tendencies through proper education.

The Owl Drug Company, owning a "chain" of some twenty-five stores in this State, announces that it will operate on a "bone-dry" basis, even to the extent of using every effort to keep alcoholic preparations from soldier and sailor patrons so far as is possible. A few years ago, these stores featured the sale of liquors at "cut" prices and drove a big trade in alcoholics. This is one of the straws that are showing the direction of the air currents in California.

Original Articles

METABOLISM IN DIABETES, NEPHRITIS AND CHOLECYSTITIS.*

By LORENA M. BREED, M. D., Pasadena, California.

In a generously fed community such as may be found anywhere in America to-day, a large majority of the people are overfed, and when people are continuously overfed, sooner or later we find that they have diseases due to a changed body chemistry. The body is a veritable chemical laboratory, with every organ constantly engaged in the chemical processes of elaborating from the ingested food, the chemical constituents necessary for tissue, bone and blood, as well as the power for running the body mechanism and carrying off the waste. Each of the organs of digestion and excretion have individual functions to perform in this process, and their action is inter-dependent and harmonious. The food is dismembered, oxidized, and made ready for absorption into new body cells while the worn out cellular material is simultaneously carried away. Normally, and without overfeeding this is accomplished without friction, but with dietary excesses, a constant stress is placed upon the organs of digestion and excretion. They become overworked and weakened so that waste products accumulate in the body and the delicately adjusted mechanism becomes unbalanced. If the dietary excesses are halted here, the mechanism adjusts itself and goes on normally as before. If not, the stress and friction increases. Not only do waste products accumulate, but poisonous products of imperfect digestion become absorbed into the blood-stream, the mechanism becomes more and more unbalanced by the poisons absorbed, and we have a pathological physiology, due to a faulty metabolism with a possible lowered function of one or more of the overworked organs. Even this condition can be changed by a properly adjusted diet that will allow the tired organs time for rest, recuperation and excretion of the accumulated products of imperfect metabolism. But if the dietary excesses are allowed to continue for months and years, the organ functions become depressed, weakened, and insufficient, and we have as a result a set of symptoms, a clinical entity which we call disease, caused by faulty metabolism, the ultimate cure of which depends upon the degree of insufficiency of the organ or organs concerned. At the present time 95% of all diseases may be classed under this head and by far the most of them are caused by dietary excesses, either general overfeeding or an excess of certain articles of diet.

Of the diseases due to faulty metabolism, diabetes and nephritis are probably the most easily recognized, and in both of these diseases the above statements are borne out by the fact that certain dietary restrictions and adjustments are always followed by improvement, if not complete recovery, especially if recognized while the pathology is still chemical and not cellular.

The primary defect in diabetes is an inability to

* Read before the Forty-seventh Annual Meeting of the Medical Society of the State of California, Del Monte, April, 1918.

oxidize glucose as proved by the low respiratory quotient and the elimination of sugar in the urine when ingested. But beyond all this, there is a profound disturbance of metabolism. Not only is sugar excreted in the urine, but the threshold in the blood is raised, the acid-base balance is disturbed, together with a disordered fat metabolism. Formerly, when the treatment of diabetes consisted chiefly in removing or restricting carbohydrates and allowing a high protein-fat diet, we did not know the serious results of such a course, since we could not follow the fate of the fats in the blood. This is now made possible by the work of Bloor and others, and in the light of recent work, it would seem that the disordered fat metabolism is due to an overwork of the fat-burning mechanism, together with a lowered power for metabolizing carbohydrates. This leaves an insufficient amount of available carbohydrates to completely burn the fatty acids which accumulate in the blood, and thus become the chief source of the dreaded acidosis. Joslin, who together with Bloor has followed the fat metabolism in a great number of diabetics, says: "With an excess of fat diabetes begins and from an excess of fat diabetics die."

Using Bloor's method, we have during the past year made routine estimations of the total fatty acids and cholesterol of the blood on, not only the diabetics, but on all of our metabolism patients, and while the blood lipoids vary with the amount of fats ingested, diabetics invariably show a high content of fat metabolites and a correspondingly low carbonate-content, with a high blood sugar threshold. A reduction of the fat intake to a minimum, invariably results in a lowering of the metabolites in the blood, a lowered blood sugar threshold with a corresponding increase in the carbonate-content. On a continued low fat, or fat free diet, the carbohydrate tolerance becomes greater, since with an absence of unburned fatty acids in the blood, the alkalinity is restored, and the glycolytic power is increased. The most important constituent of the blood, by which it preserves its alkalinity, is sodium bicarbonate, which occurs both in plasma and in cells. Howland considers the blood as first, a solution of bicarbonates, which if kept up to normal is able to transport enormous quantities of CO_2 to the lungs without harm or strain. This stream of acid, he says, in an adult is the chemical equivalent of several hundred cubic centimeters of concentrated hydrochloric acid. Henderson has called the carbonates the first line of defense in protecting the body from acidosis, and while both the respiratory apparatus and the kidneys act in a regulatory manner to preserve the acid-base equilibrium, yet it is a great time saver and often a life saver to defeat the enemy on the first line of defense, for by the time the CO_2 in the blood and alveolar air is lowered, the non-volatile acids pouring into the blood have already overcome the first line of defense and the alkali reserve is near exhaustion.

A young man of 23 years complaining of headache and drowsiness was found to have very high blood lipoids and blood sugar, glycosuria, but not a high titratable acidity. The carbonate-content of

the blood had almost disappeared, yet the CO_2 of blood and alveolar air was not lowered. His diet had been rich in fats and low in foods containing bases. On a diet rich in base producing foods and low in fats, all unpleasant symptoms disappeared, but it was several weeks before the chemistry of the blood was normal. This case might have developed into diabetes, since the one-sided diet and subjective symptoms had been of long standing.

A diabetic girl of 12 years who had been sugar free for nearly a year suddenly began to grow tall, with other signs of approaching maturity. She was at the beach and with other children went surfing every day. In an effort to meet the great demands of growth and exercise, the diet was considerably increased, including some butter and whole milk. For two successive days the fats reached 85 grams. Immediately the output of sugar, total nitrogen, and creatin in the urine were increased and for the first time during eighteen months of observation, diacetic acid appeared. With a reduction of the fat intake to a minimum, the output of sugar decreased and the diacetic acid disappeared entirely.

A fat diabetic man of 50 years with gangrene of one toe had become sugar free, with a constantly increasing carbohydrate tolerance. By mistake he received 40 grams of fat on two successive days, and while no sugar appeared in the urine, the blood sugar doubled in percentage, but again dropped to normal on a fat free diet.

A diabetic man of 60 years, very emaciated, came to us on a diet of 70 grams each of proteid, fat, and carbohydrate. Blood lipoids and blood sugar were very high and the carbonate content correspondingly low. His carbohydrate and nitrogen balance were both minus, so that he was really starving. His fat intake was reduced to a minimum, and within three weeks he was sugar free with a tolerance for 100 grams of carbohydrates and 60 grams of proteid. Within three months he was in positive nitrogen balance, and still sugar free with a tolerance for 130 grams of carbohydrates, 90 grams of proteids, and 20 grams of fats, but any further increase in the fat intake caused an output of sugar.

Acidosis is the only thing we really fear in diabetes, aside from an inter-current infection. The acidosis can be controlled and the alkali-reserve maintained by a removal or restriction of fats, and a proper amount of base producing foods. The sugar threshold in the blood is always raised by an acidosis, which produces a lowered kidney function, and if we could but ascertain, we might find that all cases of diabetic coma were due to a lowered kidney function, caused by acidosis. It is therefore evident that an estimate of the carbonate content, together with the blood lipoids and blood sugar, is not only valuable, but is necessary in the early diagnosis and treatment of not only diabetes, but any condition of faulty metabolism.

A young woman nearing the close of her first pregnancy, suddenly developed albuminuria, and edema, together with a defective vision. A chemical examination of the blood revealed high blood lipid, blood sugar, and non-protein nitrogen, with an ex-

haustion of the carbonate content. She had exhibited, during her pregnancy, an abnormal appetite for fats together with a dislike for sweets or desserts. A blood count revealed the red cells below 2,000,000 and the hemoglobin below 40%, and the cause of the disturbed vision was found to be due to a detached retina. The fats were entirely removed and a diet consisting of rice gruel and toasted crackers was given for several weeks, then vegetables and other base producing foods were added. Improvement was immediate and continuous. Within a month albumin and casts had entirely disappeared, the carbonate content had returned to normal, and the red cell count was 4,000,000 with the hemoglobin 50%, and within three months she appeared normal in every way, on an ordinary diet including fats. Evidently this case was not the clinical condition known as nephritis, but an acute acidosis due to a one-sided diet which resulted in a temporary lowering of the kidney function, which again became restored by adjusting the diet, so that the body chemistry returned to its normal balance. This acidosis resembled that of diabetes in that it was due to an accumulation of fat metabolites in the blood, with a lack of available carbohydrates to completely oxidize them, and their continued presence exhausted the carbonate content. We may find acidosis in varying degree, under any condition of a one-sided diet, with a lack of base producing foods, and the symptoms may be those of lowered pancreatic function or lowered kidney function, if the acidosis is extreme, with resulting symptoms of toxemia.

The primary function of the kidney is to excrete water, sodium chloride, and total nitrogenous wastes, consisting of urea, uric acid, ammonia, creatin, and creatinin. If the function is sufficiently lowered, the kidneys become unable to secrete and excrete these materials and as a consequence, they accumulate in the blood and tissues, causing varying degrees of intoxication. The symptoms also will be varied according to whether the kidney is insufficient for all of the nitrogenous constituents, or for one alone, but a differential blood nitrogen will determine which ones are in excess. When the total nitrogenous output is less than the intake, we must determine whether the surplus is stored in the tissues, or whether it is piled up in the blood. If, together with a positive nitrogen balance, we have an increased blood nitrogen, it is pretty definite evidence that the kidney is at fault, and this can be determined by reducing the intake of nitrogenous foods, when, if the kidney alone is at fault, there will be a decrease in the non-protein nitrogen of the blood. The tests of kidney function which we have come to rely upon, are three which we combine into one, viz: the Mosenthal Nephritic Test Diet for three days, making two-hourly estimations of urine volume, specific gravity, total sodium chloride, and total nitrogen, with an estimation of blood nitrogen and phenolphthalein at the beginning and at the close of the test diet. We then ascertain the patient's tolerance for nitrogen or sodium chloride, and place them on a diet slightly below their minimum tolerance, being careful not to allow a positive nitrogen balance. If the car-

bonate content of the blood is lowered in nephritis, an increase of base producing foods will increase the tolerance for proteids and lipoids. Usually a complete carbohydrate diet is first instituted in such cases, followed later by an increase of proteids to the kidney tolerance, together with especial attention to any digestive disturbance, since the origin of most of the nephritides may be found somewhere in the digestive tract.

Another condition which causes serious metabolic disturbances, is cholecystitis, and we have found that the Mosenthal diet serves as good a purpose in testing the function of the liver as of the kidney. Indeed in a large number of cases in which nephritis was suspected, we have by this test found an unsuspected cholecystitis. While in nephritis we find with a positive nitrogen balance, a corresponding increase of non-coagulable nitrogen in the blood, in cholecystitis we also have an increased blood nitrogen but a large negative nitrogen balance. Obviously, this increased nitrogen is absorbed into the blood stream from the intestinal tract, since the three days' heavy proteid diet is invariably accompanied by a constantly increasing indicanuria.

It has been found that the formation of phenol and phenolic substances are due to intestinal bacterial action which, under normal conditions are harmless. The putrefactive organisms break up the protein into toxic substances which as Baumann has demonstrated are very poisonous, but when united with sulfuric and glycuronic acids to form sulphates and glycuronates, they lose their toxicity. The function of the liver is multiple, for besides the secretion of bile in which perhaps each individual cell participates, it takes part in the formation of glycogen and urea. The greatest function, however, is that of detoxification. This is accomplished in two ways, first by the withholding of toxins, and secondly, by the conjugation of sulphates and glycuronates. The toxic aromatic radicals produced by the decomposition of protein are normally conjugated in the liver with sulfuric and glycuronic acid and are then excreted in the urine. With a cholecystitis, there is an insufficiency or perversion of bile, and instead of flowing freely through the bile channels, they become clogged and this pressure constantly exerted upon the liver cells produces an impairment of liver function, and this organ which is the first line of defense in ridding the blood of toxins, is overwhelmed by the mass of putrefactive material which floods the cells so that they cannot exercise their disinfective properties. The putrefactive bacteria gain unopposed sway; intestinal toxins filter in to the circulation and the entire body suffers from an intoxication, the effect of which may be felt upon the heart, the kidneys, or the arterial system, causing tachycardia, nephritis, or high blood pressure, or a combination of all. Work has recently been done which shows that a number of substances occur in infusions of putrid meat, which if injected into animals will raise blood pressure. Such substances may be formed in minute quantities during the process of putrefaction in the alimentary canal and absorbed into the general circulation.

A young woman of 23 years was supposed to

have hyperthyroidism, on account of her tachycardia, high blood pressure, excessive perspiration and constant loss of weight. Upon careful examination by a surgeon, she was told that there was no trouble with the thyroid, but was advised to have some observation of body metabolism. We found her in constant negative nitrogen balance but with a high blood nitrogen. There was intestinal putrefaction with intense indicanuria. The proteids and fats were reduced to a minimum and the body requirements made up by carbohydrates. The intestinal putrefaction grew less, the indicanuria disappeared, blood pressure and tachycardia were much reduced and there was a gain of three pounds in weight during the first month.

A woman of 50 years with a high blood pressure had been treated for twelve years for diabetes. She had a high blood sugar and glycosuria, high blood nitrogen, but was in negative nitrogen balance. On a diet of rice gruel and crackers, the intestinal putrefaction which was extreme cleared up entirely, and the blood pressure came down from 240 to 175 within ten days. The glycosuria disappeared and the blood sugar became normal.

A woman of 50 years with extreme tachycardia showed a very high blood nitrogen and an extreme negative nitrogen balance. On a carbohydrate diet which relieved the intestinal putrefaction, her symptoms became gradually better.

These patients, together with a large number of others with similar symptoms, all gave evidence upon further investigation of cholecystitis, some were confirmed by operation, after which their tolerance for proteid digestion became greatly improved. In all of these cases as shown by the differential nitrogens, the negative nitrogen balance was proved to be not due to loss of body musculature, but was absorbed as split products of protein from the intestinal tract and re-excreted.

Roger believes that glycuronuria is to date the most practical index of the protecting power of the liver and emphasizes the instructive importance of determining the condition as a routine procedure when there are abnormal symptoms. Indicanuria is also a reliable index when present, though large amounts of indican as well as glycuronates may be excreted in health, yet a constant excessive production is a sign of over-stimulation, and may be the danger signal of approaching liver insufficiency.

We are gradually finding explanations to previously obscure conditions, and thus coming very close to nature and may yet hope to come into complete command.

125 South Grand Ave.

The first factory established in the Commonwealth of Australia for the manufacture of artificial limbs for returned soldiers was formally opened on April 8 at Caulfield, Victoria. In a short time it is proposed to open similar factories in each of the other States in the Commonwealth, those to be established at Sydney and Brisbane to be completed first. The entire project is under the direction of an American, who has factories in the United States.—Commerce Reports, May 29.

AUTOGENOUS COLON VACCINES IN ECZEMA.*

By JAMES A. JACKSON, M. D., and RAWSON J. PICKARD, M. D., San Diego.

The etiology of eczema is a maze in which one may easily become lost. Eczema, like many other dermatologic diseases, so-called, is probably only a symptom. Imperfect metabolism, internal irritants of digestive, renal, even mental and nervous origin, account for three-fourths of the cases, the remainder being due to external irritants.

In this inflammation Stelwagen states there is always an "unknown quantity," a "necessary something" which is the ultimate basis for this particular symptom in the individual. A closer co-ordination of the efforts of the dermatologist (heretofore too often concentrated on the external evidence alone)—the internist, gastro-intestinal expert, the pathologist, the dentist even in certain cases, is requisite if we are to demarcate properly the various groups of cases for etiologic treatment.

Medalia in a thorough study of fifty cases of obstinate chronic eczema has separated a group in which an original transitory dermatitis is changed into a true eczema by secondary bacterial invasion. This he demonstrates by the absence of bacteria in the lesions in the primary stage, abundant growth in the secondary, eczema lesions, and the clinical response to specific vaccines. His cases were nearly all due to varieties of staphylococcus, in a few accompanied by streptococcus, and together with the usual treatment, autogenous vaccine in large doses—6000 million and more was used, "yielding by far the best results in the treatment of this intractable disease." (He reports 51 cases, 43 cures, 8 had one or more recurrences easily controlled, 6 improved, no change one, unknown one. Average duration of treatment 11 weeks. Average duration of disease 8½ years).

A second but very small group of cases isolated by Wood are due to the absorption of bacterial endotoxins, and are anaphylactic in character, similar to the rash from scarlatinal angina. These were cases due to focal infection in the teeth and nasal sinuses. Streptococci were isolated in the majority of cases, and vaccines (together with local treatment of the various lesions) brought the cases under control. In such cases the dose of vaccine should be very small, as the power of digesting toxic split proteins is but slowly acquired.

In formulating a new hypothesis we do not wish to quarrel with working theories previously demonstrated. We wish to present certain facts which we think establish a group of cases of eczema on a definite basis for treatment.

Several cases of toxic eczema occurring in Dr. Jackson's practice showing a high indicanuria, in a few accompanied by casts, were interpreted by us as demonstrating an intoxication from the bowel. Indican is of course non-toxic in itself, but is a gauge of the degree of intestinal putrefaction producing poisonous toxalbumins which we have no means of estimating directly. In these cases with much indican, and no albumin but with casts, the

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CASE	CLINIC NOTES	DURATION	VACCINE	REACTION	RESULT
1.	Chronic squamous eczema, soles feet, Indican XX.	Periodically 2 years	3 a week	severe	Cure four weeks
2.	Acute toxic eczema, fore arms and hands, Indican.	3 weeks	2 a week	slight	Cure
3.	Hyperkeratosis palms and soles feet. Painful fissures. Indican, plus.	5 years	3 a week	severe	Cure of palms in 2 months. One foot cured, other fluctuates.
4.	Acute type eczema, hands and arms, Indican X.	1 year	2 a week	moderate	Improved at fourth treatment (2 weeks). Cure 2 months.
5.	Toxic eczema thighs, Indican XX.	2 weeks	3 a week	severe	Cure. Lesions disappeared several times after vaccine, but returned. Cure 2 months.
6.	Eczema, face, hands, Indican XX.	6 months	2 a week	severe	No local treatment. Rapid improvement at first, returned. cure in 2 months.
7.	Eczema wrists, Indican XX.	2 weeks	2 a week	slight	Immediate decrease itching. Cure 6 weeks.
8.	Acute type eczema, hands and forearms, Indican X.	1 month	2 a week	severe	Cure 1 month.
9.	Pityriasis Rubra general, Indican X.	3 years	2 a week	moderate	No result.
10.	Eczema buttocks, Indican XX.	6 months	2 a week	severe	Slight improvement.
11.	Eczema hands, Indican XX.	6 months	3 a week	severe	Cure 1 month.
12.	Eczema back of neck, hands, Indican XX.	1 month	3 a week	severe	Improvement marked, recurrence on neglect of treatment. Rapid improvement and cure on resumption of colon vaccine.

latter were considered as additional evidence of the irritation of the intangible toxins passing through the kidney, the source of which was pointed out by the indican.

The theory was formed that this improper decomposition within the bowel and the resultant lesions in the mucus (Barr states that indican is not absorbed from the intact membrane) were the product of the metabolic activity of the type of *b. coli* prevailing, and that immunization of the individual to this noxious biochemical character of his colon bacilli might change their habits of growth at least to the extent of rendering them normally harmless to him again.

B. coli was isolated from the feces on Endo medium. Culturally nothing unusual has been found in the growth of the organism, nor is this to be expected. The vaccine is prepared in the usual way but in rather high concentration, 2 to 4 billion per mil. Colon bacilli are ordinarily given in initial dose of 25 million, and Satterlee in treating cases of chronic intestinal stasis with specific colon vaccines used a maximum of 300 millions, reactions being very severe. In the chronic conditions in which vaccines find their greatest field of use the upper limit of dosage should never be fixed. The guide should be the reaction, local and clinical. A minimal dose at the beginning can be readily increased, avoiding a too severe local reaction; should such occur, giving a smaller dose next time. The interval at first should be the subsidence of the local reaction; when the dose is established the interval should be 3 to 7 days. In acute cases dosage should be small to avoid negative phase. Thus guided, Dr. Jackson found that a dose greatly in excess of that prescribed as the maximum had to be given in the toxic eczemas studied; in some cases the dose was gradually increased to 3000 million.

The result of autogenous colon vaccine therapy in cases with excessive amounts of indican was so good that the experiment was extended to other cases showing only small amounts, and later to a third group with no indican (to Obermayer test, used in all cases with no refinements, in order not to force cases). We thought that possibly the disease was an anaphylactic condition, and the cures

a result of non-specific reaction; however, this does not seem to be true as the ratio of cure dropped, and the cases with no indican are no better for the addition of vaccine to the treatment, those with a trace showing enough improvement in instances to make the experiment worth while.

On account of Dr. Jackson giving up his practice to enter the Government service, we are unfortunate in not being able to present a larger group of cases with indicanuria; however, our object is rather to invite similar study on the part of men in charge of clinics in larger cities.

We have twelve cases with indicanuria, of whom nine were cured, two showed no result from vaccines. Twenty other cases with traces of indican, or no indican, showed improvement and cure attributable to the vaccine in three cases, and slight benefit in one.

In all cases a simple diet was prescribed, elimination was watched, and the usual mild, local applications made, except in cases 11 (a physician), 1, 3 and 6, in which the vaccine was used alone. Our confidence in the vaccine arises from the shortened time of treatment, based on experience with the refractory nature of many of these kinds of cases; on the relation of time of cure to the duration of the disease, several cases having quite gone the rounds and in certain cases (5, 6, and 12) by improvement immediately following vaccine and relapse on its suspension.

We have then a new group of eczema cases, in which there is a perverted metabolism of the individual's colon bacilli, possibly a mild inflammation (an eczema) of the bowel itself, with toxemia, and eczema in the susceptible skin. Through the use of the specific vaccine the individual immunity is re-established, the colon bacilli subside to their ordinary habits of growth, losing their acquired virulence, and the symptoms disappear.

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GRANULOMA OF THE LARYNX.*

By J. M. BROWN, M. D., Los Angeles.

The occurrence of granulation tissue in tuberculous and syphilitic lesions of the larynx is common, and even in these lesions it rarely attains any size, owing to the frequent association of ulceration, but a mass of granulation tissue in the larynx not associated with those infections is of sufficient rarity to warrant my reporting a case. The following cases are typical of the specific types:

H. Tilley reports a case of granuloma of the left vocal cord in a man aged 54, having a history of syphilis, which entirely disappeared under treatment directed to this disease. Jefferson Faulder reports an extensive granuloma in the inter-arytenoid space in a man aged 21, having an active tuberculous lesion in both apices. Harmon Smith reports a case in a woman aged 32, of a granuloma in the inter-arytenoid space, in which there was a positive Wassermann and the presence of tubercle bacilli in the sputum.

The only case that I have been able to find reported of the non-specific type is that of St. Clair Thomson, who reports a case in a man aged 40, of a pedunculated mobile tumor, adhered to the free edge of the right vocal cord just anteriorly to the processus vocalis. The pathological report was that the tumor consisted of fibrin and granulation tissue, covered by a squamous epithelium which showed no evidence of malignant change. The tumor was removed and no return noticed six months after operation. Thomson further comments on the fact that they are so rare that no mention is made of this type of tumor in his textbook.

My case, Mrs. C., aged 30, came to my clinic at the Graves dispensary of the University of California in January, 1917, with the following history: On April 21, 1916, she was shot in the neck with a 32-calibre pistol. The bullet entered on the left side just behind the sterno-mastoid, traveled forward to the larynx, penetrated the thyroid cartilage a little to the left of the center, just above the cords, was then deflected to the right, making its exit just in front of the sterno-mastoid. The wound of entrance healed rapidly; that of exit made a very slow recovery, taking about three months before it was entirely healed. There was a bloody discharge from the larynx dating from the time of accident. For about a month this was tinged with pus and then later it became mostly purulent with an occasional tinge of blood. This discharge continued until the last granuloma was removed. In August her voice became hoarse. In November she was only able to whisper and this has continued up to the present. In December she began to have difficulty in breathing, which increased up until the time she came under my care.

Examination: Both external wounds completely

healed; larynx, a mass, dark red and granular in appearance, fills the anterior two-thirds of the larynx. It moves up and down with respiratory movements, bleeds easily, and is apparently free on both sides and posteriorly, and attached anteriorly. The vocal cords could not be seen. The patient was sent to the hospital and prepared for operation at once. All efforts to explore the larynx by direct methods with local anesthesia were unavailing. Ether was then given, and as the anesthesia advanced, the respiration became so difficult, it was deemed wise to do a preliminary tracheotomy, which was immediately done, and no further trouble from the breathing was experienced. The patient was now suspended by the Killian apparatus. The mass was easily outlined and the observations made by indirect laryngoscopy confirmed. The large portion of the mass was removed with a snare and the balance by forceps. The origin of the mass was just left of the middle line and above the left cord, and from a depressed wound about one-fourth inch in diameter in which a probe entered to the depth of one-fourth inch. The left cord was found completely paralyzed. The tracheotomy tube was removed on the third day. The pathological report was that, "the sections show the tissue to be made up chiefly of a loose connective tissue which is infiltrated with small round cells and red blood cells. The connective tissue cells seem to be quite young and have the appearance of cells in granulation tissue. The round cell infiltration is quite diffuse, there being no area in which collections of cells occur. The surface seems to be covered by a thin, poorly staining layer of epithelial cells. The picture is one of chronic inflammatory granulation tissue. There apparently is no evidence of malignancy."

Two weeks following there was a new growth about the size of the original. All endeavors to reach this by local anesthesia were useless. Under ether the growth was removed by direct methods and suspension apparatus. Patient was discharged from the hospital and sent home three days later.

March 21, 1916, patient returned with a history of difficult breathing at night. There was a mass found about half filling the larynx which by careful maneuvering I was able to remove with the snare by indirect methods and cocaine anesthesia. April 3, 1916, found a new mass. This was removed with less difficulty than the last. June 12, 1916, returned with a new growth. Removed with little difficulty. June 29, 1916, returned with a new growth, which I was able to remove without the aid of any anesthesia. Between this date and March 21, 1917, seven growths of various sizes were removed without the aid of any anesthesia.

It is now over a year since the last one was removed. A careful examination shows a perfectly clear larynx. The left cord is still paralyzed.

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XANTHOMA TUBEROSUM MULTIPLEX.

By ANSTRUTHER DAVIDSON, M. D.,
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cians and Surgeons, Los Angeles, Cal.

Mrs. A. B., aged 45, weighs 150 lbs., is the mother of five children and has always enjoyed perfect health. She passed through the ordinary infectious diseases in childhood and has never been ill since. She has never had jaundice.

Ten years ago a small subcutaneous thickening appeared on the flexor tendon near the second phalangeal joint. While this slowly enlarged other spots appeared first on the elbow then in succession on the hands, feet, knees and hips. All at first were yellow or buff colored, slightly raised, elevated and flattened papules similar to those now presenting on the hips. The older lesions on the extensor surfaces have gradually assumed their present shape.

She now presents two tubercles on the left hand as shown in the illustration, one similar on the second finger of the right hand has been removed, there are a few small ones showing on the distal joints of two fingers on the same hand. On the palmar surfaces the flattened yellow masses

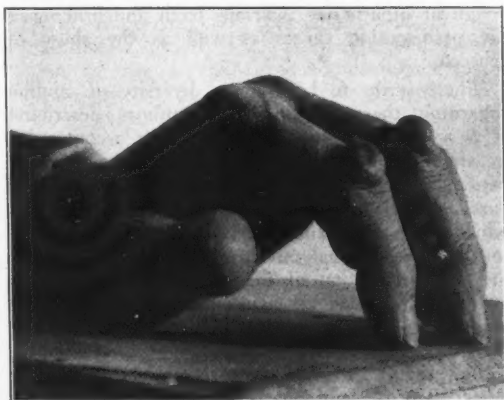


Fig. I.
Single Tubercles on Knuckles.



Fig. II.
Elbows—Grouped Tubercles.

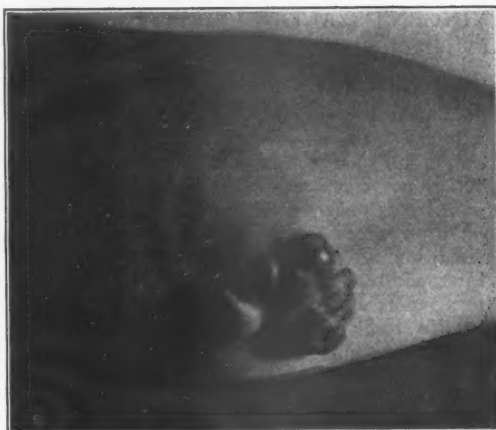


Fig. III.

have coalesced into a continuous band, nearly the width of the finger on the fifth and forefinger and on the bases of their metacarpals. In the flexures of the digits the lipid material has been molded by pressure into raised cross ridges.

On the feet the tubercles on the extensor surfaces resemble those on the hands but are somewhat flatter on account of the pressure of the shoes. The most striking feature of the lesions on the feet is the symmetry of shape and distribution. On the extensor surfaces of both feet the middle joints of the fourth and fifth toes had large, single tubercles like those on the hand. On the soles of both feet the lesions were flattened out and formed a large circular patch over the ends of the first, middle and fifth metatarsals where the pressure of the foot normally comes. The inner and inferior surfaces of both big toes, the tips of the third and fourth toes on the right and the tip of the little toe on the left were likewise affected. One large nodule the size of half a walnut occupied the insertion of the tendo achilles on the right.

Those on the soles resembled ordinary calluses with yellowish centers. On the knees were nodular and papular forms, ten above the right patella, five above the left and three below. Over the elbows the tubercles had coalesced into a mass as shown in the illustration.

Over the ischial tuberosities on both sides in a circle four inches in diameter there were fifty papules, all flat except one in the center of the right group which had developed into an elongated nodule.

In this case as all stages of the disease were represented, the method of growth was easily followed. The flat yellow papules slowly increased by accretion of the yellow deposit which gradually assumed a nodular form with abrupt sides. At this stage whether due to direct irritation from the xanthomatous deposit or to vascular changes produced by the original cause, there begins the formation of dense fibrous bands around each nodule. These in time contract and make more prominent the central nodule, the various growths coalesce in their contiguity and form such tumors as are represented on the elbow. These latter were irregular in shape showing yellow islands surrounded by the dark fibrous intergrowth, the whole of such consistency as to resemble a piece of conglomerate embedded in the skin.

VINCENT'S ANGINA, WITH REPORT OF A CASE.*

By JOSEPH M. KING, M. D., Los Angeles, Cal.

In presenting the subject of Vincent's angina to you to-day I am actuated by a desire to call your attention to what I believe to be a very common affection not commonly recognized, to excite discussion of its management, to call attention to the great diversity of treatments which have been advocated, and to report an unusual case.

First accurately described by Vincent in 1896, with a report of 14 cases in 1898, it was not until 1902 that Emil Mayer first reported a case in the United States, and it is only during the last three or four years that knowledge of the disease is becoming general. Of late a number of series of cases have been reported, one of the more recent communications being by Drs. Campbell and Dyas, Captains in the Canadian Army, who, in the *Journal A. M. A.* of January 2, 1917, report 129 cases as having passed under their observation in four months, thus showing its considerable prevalence among the armies on the Western front. They say "Now (however) it is so prevalent that it may be classed as among the commonest of disabilities among the troops." It occurs chiefly in children and young adults and is undoubtedly frequently overlooked, due on the one hand to lack of knowledge of the condition, and on the other hand to the unreliability of the clinical diagnosis and to the added fact that its organisms cannot be easily grown on cultures, so that these do not disclose the true condition.

Two organisms are present in this affection, a fusiform bacillus and a spirillum. The bacillus is non-motile, two or three times as long as the diphtheria bacillus, and has tapering ends, from which it obtains its name of bacillus fusiformis. The spirillum, never found alone, is a long cork-screw-like organism with four or five turns or more, forming a network in which the bacilli lie. Both organisms are Gram-negative. As these organisms closely resembling them have their normal habitat in the mouth, for purposes of diagnosis it is essential that smears be carefully taken from the affected parts, preferably from the deeper layers of an ulcerated surface, and that these smears be examined by a laboratory worker thoroughly familiar with the bacteriology of the mouth. Both organisms, believed by some to be different stages of the same organism, are anaerobic; cultures therefore are extremely hard to grow, and smears made directly on the slide or cover glass are best for examination.

While the mucous membrane of any of the upper respiratory passages may be affected, practically only those of the mouth and fauces are attacked—the great majority of cases, although the disease is by no means confined to the tonsillar area and pharynx, as the gums are frequently the initial tissue invaded, while in the severe cases an extension to the epiglottis, the larynx, or even the trachea and bronchi occasionally occurs. The

lesions are of two kinds, the one a diphtheroid condition characterized by a pseudo-membrane resting on an ulcerated and bleeding surface, in which condition the fusiform bacilli alone are said to exist, the other an ulceromembraneous form, with destruction of tissue. These ulcerations are usually unilateral, involving by preference the upper pole of one tonsil, and are from the size of a pea to that of a quarter dollar, from one-eighth to one-half inch deep, with irregular edges. The ulceration by no means confines itself to the tonsil however, but may extend so that the mucous membrane of practically the entire pharynx or of the gums or cheeks, the uvula, or indeed the soft palate itself may be entirely destroyed. The lymphatic glands of the neck are enlarged.

Undoubtedly contagious, its transmission depends upon close contact, such as the common use of eating or drinking vessels. It does not spread among ward patients who have no immediate contact with each other. While frequently found among those in robust health whose sanitary surroundings are unquestioned, it is more prone to attack those whose surroundings are unhealthy, or whose vitality is lessened by previous disease, as it frequently follows measles, scarlet fever, whooping cough or diphtheria. Carious teeth and oral sepsis are predisposing causes as well as the abuse of tobacco.

There seems to be a great diversity of opinion regarding the affection, some authors describing it as a chronic disorder of the throat accompanied by slight membranous formation, not causing the patient any great inconvenience, but difficult to cure. Others merely call attention to the ulcers which may form, and many give no consideration to the constitutional effects. Those, while correct in their description of the conditions, which they have seen, seemed to have missed the important point that it takes on different forms in different patients. Four classes of cases may be recognized, namely: (1) the mild acute cases, embracing the great majority, running their course in from a few days to a couple of weeks or so, (2) the severe acute cases, (3) the chronic cases with slight acute exacerbations from time to time, the chronic carriers, corresponding to the better known diphtheria carriers, and (4) the severe chronic cases with extensive ulceration, great prostration and severe emaciation, running a course as long as three or four months.

As commonly seen, Vincent's angina is not of such a nature as to confine the patient to his bed for any considerable period, the cases which resemble an acute tonsillitis being most frequent. The tonsils are swollen and red with patches of a yellowish white membrane on them, and often seen on the pharynx as well. This membrane is superficial and easily removed from the ulcerated bleeding surface beneath. It is much more superficial in character than the membrane of diphtheria, hence the name pseudo-membranous angina, which the disease is often called. Swallowing is difficult, the cervical lymph glands are enlarged, there is moderate fever, up to 100° or 101°, although occasionally to 103° or so, but there is not usually

* Read before the Forty-seventh Annual Meeting of the Medical Society of the State of California, Del Monte, April, 1918.

much headache, myalgia or prostration, nor as a rule are the pulse and respiration markedly increased. In quite a percentage of cases the lesions are on the gums, resembling pyorrhea. Indeed, Bowman, from the study of one hundred cases among English troops conceived the idea that the disease was but another stage of pyorrhea alveolaris which had spread from the gums to the mucous membranes of cheeks, tonsils, or pharynx, and that noma was the acute malignant form of this disease, while that involving the tonsils was known as Vincent's angina. It should be noted, however, that this gingivitis differs from pyorrhea in being ulcero-membranous in character, and without pus or pus pockets. Many cases have this affection of the gums for a long time before the tonsils or pharynx are affected, and it often persists after the lesions in these localities have healed. As the disease advances superficial ulceration may appear, usually of one tonsil. In the great majority of cases recovery takes place spontaneously in a week or ten days. In others, however, the ulcerations become deeper and spread more widely, involving extensive areas, and may go on to ulceration of the larynx or trachea, with a febrile course covering weeks, the patient eventually recovering, or occasionally succumbing to the disease, usually from a complication, as ulceration of the larynx, broncho-pneumonia, pyemia, brain abscess, or as in the case I report to-day, from exhaustion. In addition to these moderately acute and these chronic cases are a large group with only a slight membranous formation on the throat, without effect on the general health, the slight irritation causing the patient to examine his own throat where he finds a little patch of membrane. These cases are often chronic in their course, exacerbations from time to time, and if seen by the physician at all, are seen in the office of the laryngologist. Many of the more acute forms also die down into this mild chronic form, with only a little affection of the gums or an occasional patch in the throat. These throats, thus irritated are more ready hosts for the diphtheria bacillus, and furnish a very suitable tissue for the continued propagation of this organism, so that it is possible that many of the diphtheria carriers are made so by the concomitant presence and activity of Vincent's organisms. And, lastly, there are a few cases coming on with high fever, great prostration, much swelling of the throat with great difficulty in swallowing, resembling a suppurative tonsillitis or a severe diphtheria and often mistaken for it, but in which no diphtheria bacilli can be found, and on which diphtheria antitoxin has no effect, running a fulminant course. As a rule the mucous membrane of the cheeks is also involved in these severe acute cases.

While the diseases with which Vincent's angina are said to be most commonly confounded are diphtheria and secondary or early tertiary syphilis, I feel certain that many cases of so-called follicular tonsillitis, which present patches of membrane off the tonsils would show Vincent's organisms in the smears. From diphtheria and syphilis it can be distinguished by the laboratory

worker, and probably the great majority of cases supposed to be diphtheria but without the presence of the Klebs Loeffler bacillus would have their diagnosis cleared up by the examination of a smear preparation. The absence of a positive Wassermann differentiates it from syphilis, although the presence of a positive Wassermann reaction should by no means be taken as conclusive evidence that the lesion is syphilitic, but smears should be examined as well, for in this affection, as in many others, notably carcinoma, it cannot be too strongly emphasized that the presence of a positive Wassermann reaction by no means proves that the condition for which the patient consults us is syphilitic.

Many forms of treatment have been used, each with its champions, but the multiplicity of drugs wanted as cures is the best evidence of their futility. The great majority of cases, doubtless, recover without particular treatment. Many others yield to rest and supportive treatment with antiseptics used locally, and local treatment is undoubtedly of first importance. Some require and are benefited by the arsenical preparations, while a few are resistant to any form of treatment. The tincture of iodine has been much used locally, being applied once or twice daily. It has been especially recommended in those cases with extensive ulceration. Nitrate of silver has been used in solutions of all strengths by various observers. Place uses a two per cent. solution of chromic acid once daily, first cleansing the ulcer with hydrogen peroxide. Halsted and also Green cauterize the ulcer every two or three days with a solution, 2 or 4%, of trichloroacetic acid, after local anaesthesia. A 0.5 per cent. solution of formaldehyde is used freely as a mouth wash at the same time, or, in case of extreme fetor, a weak permanganate solution. Favre cures all cases by cleansing out the ulcerations with 10 per cent. silver nitrate, followed by the application of 1 per cent. methylene blue solution. Harper paints the affected area once with a solution of bichloride of mercury, 1 to 100, and then paints the throat daily with a solution of nitrate of silver, 30 gr. to the oz. If at the end of a week either organisms are present he again uses the bichloride solution, stating that it is rare that more than two applications are necessary and that in the majority of cases one application suffices. Stark reports twenty-five cases treated with sodium perborate which splits up in the mouth, forming nascent peroxide of hydrogen. Two teaspoonfuls are dissolved in a glass of water, this making a saturated solution, which is to be used frequently as a mouth wash and gargle. He reports almost miraculous relief of pain, and cure in a short time in all cases. Where the gums are affected Bowman recommends that a mixture consisting of four drams of wine of ipecac, one dram of glycerine, and three drams of solution of arsenic be applied locally with an applicator or tooth brush. In addition to these iron, both Monsol's solution and the tincture of the chloride, potassium chlorate, Seiler's solution and many others have been used locally. Orthoform tablets relieve

the dysphagia. Acting on the theory that, as Vincent's angina is caused by a spirillum, arsenical preparations should be beneficial, many have used them both locally and internally. Both salvarsan triturated with glycerine, and also Fowler's solution have been used locally. Internally Fowler's solution, and also sodium cacodylate given hypodermically have been highly recommended. The treatment which has seemed to give the best results in stubborn cases has been the intravenous administration of salvarsan or neosalvarsan, but even this is not always successful as the following case history shows:

Mrs. M. G., 26, married, housewife. Consulted me on Nov. 3, 1917, for sore throat, fever and cough. She had taken sick in July with what had seemed to be tonsillitis. After a few days' illness her fever had disappeared and her throat felt better, but never well. After a couple of weeks she again had fever, which continued up to the time she came under my observation; she had increasing weakness and emaciation, the glands of her neck were swollen, and her throat had become progressively worse, in spite of treatment, and for ten days before I saw her the voice had been hoarse. She never had any previous trouble with her throat, nor any other illness except measles and whooping cough. She was four years married, but had never been pregnant. Her husband was healthy, and syphilis was denied. On examination her temperature was 103°, the glands of the neck were slightly but not markedly swollen, the whole pharynx was covered with a slight membranous exudate, and on the upper pole of the right tonsil there was a small rather superficial ulceration. Physical examination otherwise negative. She was removed to the hospital, where a culture from her throat proved negative to diphtheria bacilli, but smears showed an abundance of Vincent's organisms, a condition which persisted up to the time of her death. Her sputum did not contain Vincent's organisms or tubercle bacilli, but only staphylococci and streptococci. Her urine contained a small amount of albumin at first, with a few hyaline and an occasional granular cast, but later was normal. She had at all times leucocytosis of about 12,000, of the polymorphonuclear variety. Her blood gave a weakly positive Wassermann reaction. Her temperature continuous up to the time of her death, December 8th, was irregular but of the remittent type, and varied from normal to 104°, her pulse rose from 100 to 130 or so, and her respiration rate went to 40, evidently due to weakness, as nothing abnormal was ever found in her chest. Her appetite was poor, and vomiting was a rather marked feature. The throat was at all times extremely sore, and swallowing became very difficult. There was never any delirium. In spite of treatment, the ulceration spread clear across the pharynx, involved the other tonsil, ate away the uvula, involved the soft palate and invaded the larynx, which had previously been the seat of membranous exudate. She died from exhaustion December 8th, no complications to which death is usually attributed having developed. No autopsy was permitted.

Time forbids that I should detail all the treatment used, but I wish to give the salient facts. Aside from symptomatic and supportive treatment, many local applications were tried, all apparently without the slightest benefit. Among these may be mentioned Dobell's solution, hydrogen peroxide, bichloride of mercury, both 1:100 locally to ulcer and also 1:10000 as throat spray, tincture of iodine, and Fowler's solution. Swallowing became so painful that two per cent. cocaine was used locally, and vomiting was so marked a feature of the case that nutritive enemata were given. The pain and general distress were also marked, and called for

the use of morphia hypodermically in the later days. On November 16th, 9 grm. of neosalvarsan was given intravenously, the original neosalvarsan being used. This seemed to cause some amelioration of the symptoms, and the membrane on the throat nearly disappeared for a day or two, but in less than a week it was worse than ever. A second dose of the same size Japanese manufacture, given Nov. 24th, had but very slight appreciable effect, while a third dose given on Dec. 3rd was absolutely without any result. During a considerable portion of this time a daily dose of 2 grs. of sodium cacodylate was also given hypodermically, eighteen doses in all being administered.

The case is unusual for (1) its long course, the patient being seriously ill for about four months, (2) a death from exhaustion, no especial complication occurring and (3) its resistance to neosalvarsan, three maximum doses being given a week apart without staying the progress of the disease.

NEUROLOGICAL ASPECT OF BRAIN TUMORS.*

By W. F. SCHALLER, M. D., San Francisco, Cal.

I wish to present to you briefly my personal experiences in 30 cases of brain tumor seen in the past seven years. This material consists of proved cases of tumor either at operation or autopsy. The diagnosis when made has been the result, in most instances, practically all in fact, of the work of many different clinicians. For example, both in clinic and private practice, it has been usual in order to obtain all the possible available data, to obtain the findings of the ophthalmologist, aurist, roentgenologist and serologist, in addition to the usual laboratory work. Only by a proper consideration and evaluation of the data thus obtained is one usually justified in making a definite diagnosis of brain tumor, for it is often by elimination of other possible conditions that a diagnosis of brain tumor is made.

It is not usually difficult to diagnose the presence of a brain tumor, if all the necessary examinations can be obtained. It is, however, extremely difficult at times to localize the tumor. I have been time and time again impressed with the paucity of symptoms pointing to a focal lesion in cases of extensive brain involvement. I shall have occasion to show you examples of this sort with the lantern slides later on. In regard to the nature of the tumor growths there are found in this series a considerable variety. The histologic examinations were made in most instances by Dr. Wm. Ophuls, head of the Pathological Laboratory of the Stanford Medical School. There are found, glioma, gliosarcoma, carcinoma, sarcoma, angiosarcoma, osteosarcoma, fibrosarcoma and tumor hypophysis. I have not met in my series with either a gumma, endothelioma or tubercle. The latter two in larger series are not infrequently found, however. Contrary to the frequency which one would be led to expect from accounts in the textbooks, I am inclined to believe that gummata are of comparatively rare occurrence and when present are usually meningeal in origin.

The general symptomatology of brain tumor is,

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strictly speaking, not due to the tumor itself, but the symptoms are due to an obstructive hydrocephalus or increased intracranial pressure from a block in the circulation of the cerebrospinal fluid. This block occurs most frequently in the aqueduct. The symptoms of headache, nausea and vomiting, somnolency, mental torpor and even vertigo and nystagmus, are symptoms from the above cause. The local symptoms depend naturally on focal lesions and topical diagnosis. Certain syndromes of which the cerebellar pontine angle tumor syndrome may be pointed out as a type, are quite typical. Mental symptoms, if we accept mental torpor, general memory defects, lack of attention and concentration, are not as a rule present; in other words, true symptoms of psychic abnormalities, such as hallucinations, delusional states, abnormal motor states and marked alteration of the affect or feeling tones, are not found.

The advisability of lumbar puncture is often a question that comes up for discussion in the examination. I am in favor of lumbar puncture, carefully done in practically all cases of brain tumor, because in my opinion it affords the best means of eliminating syphilis of the cerebrospinal axis. It is doubtlessly attended with danger in some cases, and especially so in children. I have one fatal case to record, here reported for the first time. The value of X-ray examinations is unquestioned and this means of investigation I also employ in every case by means of routine stereoscopic skull plates. Alterations in conformation of the skull, either by pressure or direct involvement—even outlines of the tumor itself can be seen in certain cases. Needless to say, however, many tumors of the consistency of the brain itself will not be outlined.

In differential diagnosis syphilis is probably the condition most frequently confused with brain tumor. The fluid tests, appearance of the eye grounds, characteristic nerve deafness, history of the case and general clinic survey should differentiate syphilis in most instances. I believe that by our present method of diagnosis syphilis may be practically excluded. I have felt so strongly on this point that I have not delayed, as has been customary previously, by giving the therapeutic tests of anti-syphilitic treatment, but have advocated immediate treatment, usually operative, as soon as the diagnosis of brain tumor is made. I believe that when vision is threatened, relief of intracranial pressure by prompt decompression is the correct and justifiable procedure. Only too often have I seen delay followed by greatly impaired or total loss of vision. In a number of cases where vision is greatly reduced, the decompression operation is followed by total loss of vision.

Uraemia must be constantly kept in mind as a cause of symptoms which may be practically identical with the general symptoms of brain tumor, viz.: choked discs, nausea and vomiting, headache, vertigo, etc. Our tests for kidney function, in addition to the usual urine examination and examination of the cardio-vascular system, should guide us against error. Serous meningitis, formerly so often mentioned as a separate condition, is, I be-

lieve, no other than a condition of internal hydrocephalus, either due to some disturbance in the circulation of the cerebrospinal fluid, or delay in its absorption in the sense of Dandy and Blackfan. It is, therefore, not in any sense a true meningitis. Meningismus due to general infections or toxic causes should not be mistaken for tumor. Tuberculous meningitis and abscess of the brain are other conditions to be constantly kept in mind in the differential diagnosis.

Just a word as to treatment. The only known treatment for brain tumor at present is operative treatment. This may be done for complete or partial removal of the mass, for relief of intracranial pressure by usual means of temporal decompression or by collosal puncture. This latter procedure is one of distinct value and has been of considerable service in a number of cases in our hand. In the cases here reported we have successfully removed five cases of brain tumor either wholly or in part. Unfortunately, however, the very nature of the majority of brain tumors—infiltrating progressive and destructive growths—render by their very nature operative removal impossible. We therefore look forward to the time when the treatment of brain tumors will be a medical rather than a surgical treatment. Before this time comes, however, it will doubtless be necessary for us to know more of the nature and cause of brain tumors, as well as of tumors in general.

ABSCESS OF LIVER IN YOUNG INFANT.*

By A. J. SCOTT, Jr., M. D., Los Angeles.

Abscess of the liver in young infants is not a common occurrence according to our authorities. An abscess caused by the pneumococcus is very rare, and a search through several leading text books and current magazines gives only a few references. They all mention the fact that an abscess of the liver may occur following typhoid fever, appendicitis or invasion by some of the intestinal worms, particularly the round worm.

Therefore the following case which we had a few weeks ago we thought would be of interest, especially as no diagnosis was made antemortem. The route from the lungs to the liver probably was through the blood stream, possibly via the hepatic artery:

J. B., age 13 months, first entered the County Hospital May 9th, 1917, with lobar pneumonia. He re-entered the hospital August 29th, 1917, with a complaint of cough, high fever, poor appetite and history of having been ill since previous entrance in May.

Physical examination. Somewhat jaundiced, which condition kept increasing. Auscultation of chest showed rales along the right side of the spine. Rest negative. Abdomen markedly distended and the liver about three fingers below the costal margin, no adenopathy, reflexes normal and the left leg was somewhat stiffened. Von Pirquet negative, Wassermann negative, urine negative, feces negative for parasites. Blood examination, September 3rd: Reds 2,400,000, whites 41,800. September 15th: Reds 1,600,000, whites 29,400. Differential count polys 52 per cent., monos 48 per cent., normoblasts,

* Read before the Clinical Meeting of the Los Angeles County Medical Association at the County Hospital, October, 1917.

poikilocytosis, polychromatophilia, hemoglobin (Sahli) 22 per cent.: a secondary anemia.

No splenic enlargement. No diagnosis made. Child died September 25th, at 5 p. m. Postmortem held following day by Dr. Hammach showed in chest small firm area in the posterior part of the left upper lobe, cut surface moist, fluid expressed is turbid. Right lung adhesions about the upper lobe and between the upper and middle lobe. All of the posterior part of the upper and middle lobes firm and non-crepitant and have the same appearance on section as the consolidated portions of the left. Abdomen, the organs were all normal with the exception of the liver, which was markedly enlarged and freeing it from the diaphragm showed a pronounced bulging upon the superior surface. Opening this there was a marked outpouring of greenish pus, which upon smear and culture showed a pure culture of pneumococcus.

Diagnosis: Pneumococcic abscess of the liver.

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THE CAUSE AND PREVENTION OF POST-OPERATIVE GAS PAINS.*

By WALTER C. ALVAREZ, M. D., San Francisco.†

So-called gas pains constitute one of the surgeon's bugbears. Some of these pains may be due to cramplike spasms or to inco-ordinated, conflicting waves running over an irritable bowel; others, however, are certainly associated with the accumulation of gas. If an ounce of prevention is worth a pound of cure, it goes without saying that the surgeon, in preparing his patients for operation, should make every effort to preserve and safeguard the mechanism which normally keeps us free from gas and pain. It is my object in this paper (1) briefly to review what knowledge we have of the physiologic processes underlying this mechanism; (2) to point out in what way the results of research differ from the commonly accepted ideas; (3) to make a plea against the routine tinkering with this machinery before operations which are often to decide the issue of life and death, and (4) to review briefly the measures which can be employed before and after the pains appear.

Considerable amounts of gas are formed normally in the bowel from the food. Smaller amounts of air are swallowed (most of it never reaches the stomach, but is belched from the esophagus), and some gases are returned from the blood into the lumen of the gut. Normally, the CO_2 , O_2 , H_2 and CH_4 are taken up by the blood and excreted through the lungs as fast as they are formed. The amounts excreted in this way by herbivorous animals are surprising; in a steer, 100-150 cubic liters in a day.¹ While studying the intestines of anesthetized animals, with their abdomens opened under salt solution, I have distended closed loops with CO_2 and have seen the gas disappear within five minutes. It has been shown clearly that just as the blood takes up gases from the intestine to be excreted by the lung, so it will

also excrete gas back into the lumen of the gut.² This process, which normally is insignificant, seems to be enormously increased under certain conditions of circulation and of motility in the gut. The importance of a proper mesenteric blood supply and gas exchange can be seen daily in cases of heart disease, where flatulence is often the first and most trying symptom of failing compensation. The differential diagnosis between the tender liver and flatulence of passive congestion, and the tender liver and flatulence of gall-bladder disease comes up all the time and is always perplexing.

Kader³ has shown that it makes little difference whether loops that are to be tied off and returned to the abdomen for a few days are washed out with salt solution or filled with fecal material from the adjacent bowel. Very little gas will collect in either case so long as the circulation is good. If the arteries or, more particularly, if the veins are tied, the loops distend enormously and perforate. In man the accumulation of feces above a slowly forming stenosis of the colon is rarely accompanied by tympanites, whereas great distension is likely to follow immediately upon the pinching of a loop of bowel in a hernia or upon the formation of a patch of peritonitis. The conclusion is, then, that surgeons have been striving after a false ideal. They have desired above all things a *clean and empty* bowel, whereas they should pray for a good blood supply and a normal gas exchange. Partly on account of this desire for an empty bowel they have starved and purged their patients before operations. In giving purges, they have ignored the well-known fact that these drugs produce severe flatulence and indigestion in many people. Surgeons have told me of cases in which the combination of purgation and etherization alone produced alarming distension and paralytic ileus. They could not help wondering what would have happened if the bowel had had to bear the added insults of drying, handling, cutting and sewing. In other cases, after thorough preparation, the operation was postponed, and the subsequent distress and vomiting had to be ascribed to the purgation.

Thinking that if purgation really has a tonic effect on the bowel, it ought to show itself in the excised segments, Mr. Taylor and I performed a number of experiments on the bowels of purged rabbits.⁴ Some 20 animals were used, most of which received laxative doses. They were killed after 24 hours. Those that were well purged were apathetic and sick. The intestinal wall was markedly injected. In some there was an increase in the peritoneal fluid. In practically all of the rabbits the bowels contained gas. Segments of intestine were transferred to warm oxygenated Locke's solution, where, instead of contracting rhythmically for hours, as they normally do, they remained more or less paralyzed. Those that did contract, soon became fatigued.

Now, I have shown that in the normal animal there is a gradation in the irritability and in the quickness of response to a stimulus from the duodenum above to the colon below.⁵ As the smooth and uninterrupted progress of food through

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† From the George Willams Hooper Foundation for Medical Research, University of California Medical School, San Francisco.

the bowel must depend largely upon the evenness of this gradation in muscular activity, it is significant that Taylor and I found it much upset in the purged rabbits. Some segments were paralyzed and unresponsive to the strongest stimuli, while others above or below might be overly irritable. One can easily see how such weakened regions could not force their contents out past more powerful and irritable ones.

The excised segments in the purged animals were comparatively insensitive to drugs. Everyone knows how difficult it is to make the "prepared" bowel react after operations. Purge after purge is given sometimes, and all may be retained. If the highly toxic magnesium sulfate is used, enough is absorbed sometimes to kill the patient.

If the purgation has so many contraindications, why do we persist in enforcing it? One man says: to have the bowel empty, as for an enterostomy. That isn't the reason, because he prepares in the same way for the amputation of an arm. Besides, the small bowel empties itself in nine hours and the colon can be cleared perfectly by enemas. Others say the anesthetic requires it, but the specialists in that line do not agree with them. Others fear autointoxication, and purge even when the patient's bowels have moved daily since childhood. Much experimental work shows that they have more reason to fear the absorption of toxins and bacteria from churned liquid feces than from solid lumps lying quietly in the bowel.

After much historical research, I believe the real reason for the practice is the feeling, common to laymen and physicians, that *something* should be done. The practice can easily be traced back to Hippocratic medicine, with its humoral pathology. When a Greek physician amputated a breast, he prepared by purging just as we do today. Why? Because he believed that the cancer was due to an accumulation of "black bile" in the breast; and that it had to be purged away before there could be any hope of a permanent cure. Some may smile at this idea, forgetting that these humoral explanations for disease were current until fifty years ago, when the writings of Virchow, Pasteur, Lister and others began to force them into the background. It is a law of human nature that practices always persist long after the primary motive is forgotten.

Fortunately, every year now sees a lessening in the severity of preparation. When I was a student, the patients received two or three compound cathartic pills, or ten grains of calomel with ten grains of jalap. To-day it is a moderate dose of castor oil or salts, sometimes given 48 hours before, "so that the patient can recover a bit." Many surgeons have given up all purgation and are enthusiastic about their results. Many of them stopped purging because their nurses kept asking why it is that emergency appendicitis cases ("unexploded") have such quiet post-operative courses as compared with the well-prepared interval ones. During the last five years I have seen a considerable number of people operated upon

(all laparotomies) without preliminary purgation, and the results have been very satisfactory. Often, about the fourth day, there has been some gas, but never anything alarming. We can hardly expect to do away with post-operative pain entirely in abdominal operations, because the wounds in the bowel or in adjacent organs must remain as sources of irritation and reverse peristalsis until they are healed.

Time and again I have had surgeons say, after they had admitted that preparation was needless and often harmful, "Well, we have cut it down now so it doesn't do much harm." I maintain that this is not logical. If a practice which originated in humoral pathology cannot find new support in modern physiology and experimental medicine, it must be *abandoned*, not mitigated. I would clean the bowel by enemas only in those cases with definite stagnation, or in which either the colon or the pelvic organs are to be operated upon.

What else should we do to avoid gas pains? Above all, handle tissues gently. Avoid peritoneal drying. Whenever possible, use gas and oxygen as the anesthetic, because it has much less effect on the digestive tract than has ether. Give food and water as late as possible before operations, and as early as possible afterwards. No physiologist would ever expect to demonstrate peristalsis to his students with a starved animal. Food raises the tone of the muscle and best restores the downward currents when they have been upset in any way. We demand an active bowel after operation and do everything which a physiologist could suggest to get a paralyzed one. Smooth muscle must be stretched before it will work well.

I believe the Murphy drip is often started when there are no indications for its use. There is considerable evidence that it can keep up the patient's distress, and I believe it would often be much better to give the water *ad libitum* by mouth. What if it is vomited? It will wash the stomach and often stops the vomiting. Everyone knows that there is less strain on the abdomen when there is something to vomit than when the retching is dry.

Avoid the routine post-operative purge. So often the convalescence is uneventful until that dose comes to demand feces which are not there. When a surgeon operates for hemorrhoids he is delighted when the bowels do not move for a week, when he does a gastroenterostomy he thinks it a tragedy if they do not move by the fourth day.

Enemas and colonic tubes often fail to bring relief because the trouble is in the small bowel. Eserin, pilocarpin and pituitrin often fail to move the gas. I believe this is due to the fact that they seem to cause a generalized spasm of the bowel without the forwarding tendency that is observed with laxatives. One can compare it to a beginner's efforts at milking a cow: he squeezes the teat violently as a whole; what is needed is a coordinated contraction spreading from the base to the tip. For this reason I believe more experiments should be carried out with some of the

hypodermic laxatives which could be used post-operatively when the stomach is upset.

Those who are interested in the subject should consult the excellent thesis deposited in Lane Library by Doctor Howard West. He notes that *eserine* is highly toxic and unreliable. Pankow,⁶ after using it on 210 operative cases, concluded that the results were no better than those obtained in a similar untreated series. Encouraging results have been obtained with *apocodein*⁷ in a number of cases studied by Doctors Terry and Hoag. The dose is about gr. 1/5.* *Phenoltetra-chlorphthalein* is probably a little too slow for emergency use, but it might perhaps be given at the first sign of trouble.⁸ The dose is gm. 0.4 dissolved in 20 cc. of olive oil. A number of men have found *sennatin* useful postoperatively. I have not been able to get any on account of the war. *Peristaltin* is a new preparation of cascara. I could not produce any effect with it on excised intestinal segments. This agrees with the work of others who found it comparatively inert. *Hormonal* has caused so many deaths that its use is unjustifiable. In my experiments, it had no effect on excised segments of bowel. *Pituitrin* has been used probably more than any other drug, and many claim that it works miracles. It is best given intramuscularly as the intravenous injection produces alarming symptoms in many people. As I have said before, its action is uncertain; it often produces vomiting, and animal experiments show that it may sometimes depress the bowel. I believe it is better to try pituitrin in serious cases than to begin filling the patient's stomach with strong purgatives. I do not believe, as many do, that unless we combat intestinal stasis early and actively, the patient will die with paralytic ileus and peritonitis. Paralytic ileus is not the cause of peritonitis; it is the result of that disease; and active peristalsis, if still attainable, is more likely to spread the infection than to cure it. Heroic treatment with purgatives may turn the scales against the man who would have lived if left alone.

From the standpoint of the pharmacologist, there is no sense in adding purgatives to enemas. Castor oil owes its effects to a soap formed in the duodenum by the alkaline pancreatic juice. Magnesium sulfate probably adds very little to the effect of an enema, and when retained, it has been known to produce coma and death. The commonly used milk and molasses enema probably owes its efficacy purely to the irritant sugars and acids in the molasses.

To sum up: Gas pains are better prevented than cured. A normal mesenteric circulation is more to be desired than an empty bowel. It is known clinically and now shown experimentally, that purgation upsets the mechanism in the bowel which protects us from gas and pain. There is no valid excuse for pre-operative purgation. It is a relic of humoral pathology. The post-operative results without "preparation" are excellent. Give

food as late before and as early after operation as possible. Avoid heroic measures post-operatively.

Discussion.

Dr. F. M. Pottenger, Los Angeles: It is most unfortunate that so many papers dealing with practical physiological points have to be published in special journals which are not read by clinicians. Hence it is that scientific observations of great practical value are often very slow to influence the practice of medicine. The work of Dr. Alvarez is in line with the best that is being done by the younger school of physiologists: men like Cannon, Goetsch, Hoskins, and Carlson. Their work is of immediate and practical value and should be watched carefully by those of us who study disease in the clinic and in the operating room.

Dr. Shoemaker, Los Angeles: I wish heartily to endorse the various technical improvements advocated by Dr. Alvarez in his excellent paper. I wish particularly to call attention to the fact that in every case that I have seen where the patient had taken large doses of purgatives the peritoneal cavity contained an unusual amount of fluid. These patients had been kept awake all night by painful peristalsis. Patients that are given a purgative within twenty-four hours of an abdominal operation have their bowels more or less paralyzed afterwards, and this paralysis is often associated with gas pains and distension. When we do not purge we seldom have distension, painful peristalsis, paralytic ileus, reverse peristalsis and vomiting. I am satisfied that the colon can be emptied satisfactorily by enemas alone. Practically every injection into the anal canal is a high injection. It can easily reach the ileocecal region, as every roentgenologist knows.

I agree heartily with Dr. Alvarez's views because I consider rest most essential in the hours just prior to an operation. The last bit of preparatory technic should take place no later than the night before the operation and in the morning absolute rest and quiet should prevail in the patient's room. The shaving and the giving of enemas should be done before; no friends should visit and no nurses should disturb the patient.

Dr. Witherbee, Los Angeles: Although much impressed by the reasonableness of most of what Dr. Alvarez has said, I still feel that we should be careful to have the intestine empty before operations. I feel sure that if we were to operate on a man whose stomach and intestine were full of food, and on another whose tract was empty, we would have more postoperative trouble with the first one than with the second.

Dr. Crosby, Fruitvale: I feel very strongly that most of us would be inclined to follow Dr. Alvarez's suggestions if we all had had personal experiences with the surgeon's knife. There is nothing like having one's own appendix out to make one look for ways and means of lessening the post-operative torments. After such an experience we have no sympathy with pre- and postoperative meddlesomeness, and we let our patients have water more freely than we ever did before.

Dr. Emge, San Francisco: Since Dr. Alvarez called my attention to these things many months ago, I have studied carefully one hundred consecutive gynecological cases operated upon in the Stanford Hospital. The first fifty were given an ounce of castor oil the night before the operation; the second fifty had only an enema. Fifty-two per cent. of the women in the first purged group had gas pains, while only six per cent. in the second group had such trouble. At operation, the unpurged bowel was more nearly empty than the purged, and much less troublesome to pack off.

H. D'Arcy Power: There is a medical as well as a surgical side to the topic discussed this after-

* At present the drug can be obtained only from Lengfeld's Pharmacy, 272 Post Street, San Francisco.

noon. No cases are commoner, either in general practice or in the hospital ward, than those in which the symptoms of gas accumulation are the prominent feature; they trouble us and bother us the whole time.

I have long come to the conclusion that in the flatulent constipated cases the use of powerful purgatives or even mild aperients does not give relief from the gas; but on the contrary, the only way to treat these cases is to induce a condition of rest and comfort in the mucosa of the bowel. The use of food leaving a residue that is not irritative to the colon is more valuable than the use of coarse food.

Lately I think I have success with a combination of dry pituitary gland, camphor and asafoetida, to which atropine is sometimes added.

Dr. Alvarez, San Francisco: In answer to Dr. Witherbee, I will say again that in order to have food in the stomach and small intestine one would have to operate within a few hours after a meal. In 95 out of 100 people the small bowel will of itself be perfectly empty in the morning, twelve hours after the last meal. The colon is the only part of the tract in which food can stagnate; it

is only about a yard long and can easily be cleaned by enemas. Someone has asked how these new ideas of mine about peristalsis are to be reconciled to the older views of Cannon about rhythmic segmentation, etc. In answer, I will say that I do not see that my work conflicts with or detracts from the value of the work done by my honored teachers in this field; the discovery of these gradients simply advances our knowledge a step further, and gives us plausible explanations for many phenomena of health and disease—phenomena which have hitherto been supposed to be "reflex," whatever that means.

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Forty-Seventh Annual Meeting of the Medical Society, State of California

Del Monte, April 1918

THE PAST PRESIDENT.

Dr. J. Henry Barbat is of French descent and was born in San Francisco, September 10th, 1862. He received his early education in that city, graduating from the Boys' High School in the year 1879. A year later he graduated from the California College of Pharmacy. For a short time he followed the profession of pharmacy, but perceiving the advantages of a larger field of activity, he entered upon the study of medicine and obtained his degree of Doctor from the Medical Department of the University of California in the year 1888.

His early practice was in the "Mission," San Francisco, where he built up an enormous clientele.

Being ingenious and dextrous, he naturally turned to surgery, where he has assumed a most distinguished position. For many years he was a teacher of anatomy and surgery in the Medical Department of the University of California. As a lecturer he was inspiring and had a fine capacity for imparting knowledge.

In his many travels to the great clinics of the world, he developed many lasting friendships among those eminent in our profession. Among these was the late John B. Murphy, who for many years was a close personal friend.

Dr. Barbat was one of the first on the Coast to conduct scientific animal experimentation. Starting with the early use of the Murphy button he advanced to the more complicated and exact operations of abdominal surgery, until he became a past master in technique. His facile and rapid operating was wonderful to see. In plastic surgery his skill amounts to a fine art.

In the West he has been a leader in the evolution of modern asepsis. He is a Fellow of the A. M. A., a Founder of the American College of Surgeons, a member of the Academy of Medicine and the American Therapeutic Society.

In the year 1899 he served in the Board of Health, and later was a member of the Board of Medical Examiners. He was President of the San Francisco County Medical Society for 1907, and President of the State Medical Society in 1917, and is at present one of the Medical Advisory Board of the State of California.

In all this we see a man of tremendous energy and indefatigable service. His skill, industry and willingness to help are the dominant features of a splendid career. Dr. Barbat is still a young man of 56 years, so that philosophy and experience rest upon his active life with becoming grace, and fit him for long years of useful work.



J. H. BARBAT, M. D.

Minutes of the House of Delegates

FORTY-SEVENTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

FIRST SESSION

Held at Hotel Del Monte, Tuesday Evening,
April 16, 1918, 8:30 o'clock.

ROLL CALL.

The roll being called, sixty-nine (69) Delegates were found to be present. The President, J. Henry Barbat, in the chair, declared that a quorum of Delegates was present and that the House was ready for business.

The President then made the following address:
To the members of the Medical Society of the State of California:

When I assumed the office of President of your Society last year, I asked for the active co-operation of the members in assisting our country to defend the democracy of the world. You have responded nobly and a number of our members are already on the battle front, and I have every reason to feel that we will be proud of their achievements before the war is over. But, we have only just begun, and the sacrifices which we have made are nothing to those which we must face during the coming year, and I again call upon you to be ready to make any and all sacrifices which may be necessary to help our Country win this war.

I am supposed to speak on some subject germane to our profession, and I feel that I can not do better than to mention a few of the advances which this war has forced upon the medical and surgical world. While nothing startling has been discovered, the vast number of sick and wounded which were crowded upon the members of our profession made it imperative to devise new methods of handling and treating the sick and wounded. The greatest advance which has been made in medicine and surgery, is the standardization of the methods of treatment of the best men in the world.

The first serious problem which confronted the surgeon was the large number of cases of gas gangrene, which resisted every method of treatment except by extensive resection of all tissues involved. The latest work has demonstrated that

a number of different bacteria are found as the causative factor in this infection, and polyvalent vaccines have been successfully used to inhibit the development of this destructive disease. We will probably soon hear that all men who are sent to the trenches have been vaccinated against gas gangrene, and another triumph scored for our profession.

Much to the surprise and chagrin of the surgical world, it was found that practically all open wounds were infected in spite of the first aid dressings, and instead of having many clean gunshot wounds to deal with, it was found necessary to use various antiseptics to combat numerous infections. The usual antiseptics, which were considered satisfactory under ordinary conditions, failed for one reason or another, and something better had to be found. Dakin brought forth his hypochlorite solution, and with Carrel's ingenuity it has been the means of saving many thousands of lives and limbs, not only in the war zone but all over the world. Not satisfied with this method which was time consuming and required extremely perfect technic, Dakin discovered another and more powerful antiseptic, the dichloramine-T which is easy of application and practically painless.

With the introduction by the Germans of liquid fire as a means of human torture and destruction, the allies were obliged to devise methods which would enable them to treat and dress large numbers of burns with less pain and in less time than heretofore. Various paraffin compounds were invented which fulfilled all expectations. Patients no longer dread the frightful suffering caused by dressings under the old methods of treatment. Plain paraffin has superseded all the compounds and has been found equally good.

An important advance has been made in the localization and removal of foreign bodies, by Obredanne and Ledoux-Lebard of Paris, who by their method of intermittent control and a roentgen tube with a double anticathode have been able to localize and remove foreign bodies in a manner hitherto impossible. The double anticathode produces 2 shadows of the foreign body. The distance between the shadows is directly proportional to the distance between the foreign body and the screen. The small box screen is worn by the operator and can be readily moved back and forth. The surgeon places the tip of a long metal pointer on the skin directly over the site of the foreign body and can tell very quickly the approximate depth at which it is located. Pushing back the screen he makes the initial incision, replaces the screen and again adjusts the pointer. When the

distance between the pointer and the foreign body coincide, the exact location has been found.

The vast number of head injuries has developed a definite mode of procedure, with the result that a large percentage of cases are saved which would have undoubtedly died under the older methods. All head injuries involving the skull are operated upon as soon as possible and all damaged tissue removed. The skull is opened if the slightest suspicion exists that there is any intracranial lesion, even if there is no evidence of fracture of the outer table. This principle could be followed with advantage in civil practice.

Shell shock, which at first it was feared would leave us a large number of permanently disabled neurotics, is now being treated by keeping the patients near the front lines, in order that they may still hear the sound of artillery, and the proportion of cures has been largely increased by this method of treatment. The so-called trench diseases are being extensively investigated at present and much light has been thrown on their etiology by the finding of small protozoa in the blood serum, the liver, spleen and lung in a number of cases of trench fever.

The cycle of development was studied on the blood and cells from various organs while the liver appeared to be the main habitat. The treatment so far has been based on the action of dyes on the protozoa observed on a warm stage and good results have been obtained clinically by the use of trypanflavines.

The carrier of the hemogregarina has not yet been found, but studies are being made of the stomach cells of the many varieties of lice found on the soldiers.

I desire to call the attention of the Society to a few changes which I deem necessary to avoid friction, and facilitate the running of the Society during the interim between the annual meetings. The President discovers that according to the present by-laws he is the presiding officer only during the annual session, and during the year is merely allowed to attend the meetings of the council. I would respectfully suggest that the President of this Society should also be chairman of the council. I would also suggest that the committee on publication should be elected the same as all of the other standing committees, and that it be given authority to determine the policy of the JOURNAL, and have full charge of all papers and editorials published in the JOURNAL.

At the next session of the legislature, bills relating to the establishment of social insurance will be presented, and it is the duty of every one of you to study this important question in order to direct your Senators and Assemblymen to take proper action in this matter. As far as can be ascertained, social insurance is coming, and a bill of some kind will be passed by the legislature, and

will undoubtedly be signed by the governor; it therefore becomes the duty of the profession of this State to see that the bill which does pass, is for the best interest of the workingmen and also for the best interest of our medical men. We can not dodge the issue and therefore should face it that it may redound to our credit. Every candidate for the legislature should be educated on this subject by the profession, and I ask each member of this Society to constitute himself a committee of one to call upon the candidates in his district and impress them with the importance of thoroughly studying the question of social insurance before voting for or against the bills which will be presented. Get in touch with your Senator and Assemblyman, and you will find that he is very willing to be instructed in any matter which involves the welfare of the community.

APPOINTMENT OF THE REFERENCE COMMITTEE BY THE PRESIDENT.

The President then appointed the following Reference Committee: F. B. Carpenter, San Francisco; Fitch C. E. Mattison, Pasadena; Langley Porter, San Francisco.

REPORT OF THE COUNCIL.

The President then called upon the Chairman, C. G. Kenyon, who read the following report of the Council:

Mr. President, and the Honorable House of Delegates:

Gentlemen:

I beg to report, the Council has passed the Century mile post; the last being the 102nd meeting since its organization, and the beginning of its work.

I wish to give expression to the high appreciation of the service of the members of this body, which has met as above stated over 100 times to consider, discuss and act upon questions germane to the welfare of The Medical Society of The State of California.

This House of Delegates is present for three days, with the pleasant association, of the large number of members from all parts of this great State. The Councilors, from the different Districts assemble several times, at a sacrifice of time and traveling expenses, having under discussion matters of great importance, always, I am pleased to say with good humor and proper deliberation. Discord has never been a feature of its work.

The Units—Register, Journal, Information Bureau, Defense Fund, and Indemnity Fund—have been increased by the Publicity Committee for which provision was made at the last session of this House of Delegates. It has been organized and has performed important work, as will be shown by the reports of this House.

I wish to call the attention of the members to the value of the Information Bureau. The archives of this unit, can and should be kept in mind by every member of the Society, who desires any information concerning any medical man within our jurisdiction.

During the last year past our Council has held seven meetings, all of which have been well attended. It has taken up during that time several rather important problems.

Its first duty after the last State Meeting was to deal with the report of the Reference Com-

mittee and the many recommendations furnished therein. These have been taken up one by one and dealt with according to each requirement and they have been the basis of a number of new activities in the Society. Prominent among these have been the establishment of the Indemnity Defense Fund and the appointment of its Trustees; and the Society is fortunate in having as its representatives in this important position three (3) men such as Dr. Lemuel P. Adams, Dr. Wm. E. Briggs and Dr. A. S. Lobingier. The money of this Fund has been deposited in three of our strongest banks in San Francisco: The Union Trust Company of San Francisco, Savings Union Bank and Trust Company, and the Bank of Italy. The money on hand in that Fund is still intact, and there are no judgments against it. It forms the nucleus for a very strong and useful feature of our organization, and is something in which the Society should take a very active interest and which it is to their advantage to support. Our General Attorney, Mr. Hartley F. Peart, will deal more explicitly with the problems of this Fund. Members should feel that the Council recommends hearty co-operation in this matter.

Publicity Bureau.

Another feature of the work laid out for the Council was the organization of the Publicity Bureau. This department has assumed a definite shape and is at present in working order within the Society. The members should recollect that this department of the Society was established to take up several definite lines of work. These are mainly to promote organization, to represent the Society in the eyes of the public, and to deal with matters of policy and legislation.

It will also provide in emergencies, an Advisory Unit, which the Secretary or the Editor can consult on questions of policy or procedure.

To carry out some of the proposed ideas of the Publicity Bureau it will be necessary to make radical changes in the Constitution and By-Laws; and it is through the activities of this department that we present to you, at the State Meeting, these proposed changes, with the recommendation that they be adopted.

The Council also asks that any subject which will in any way affect and benefit its members be sent to the Publicity Bureau through the Secretary for consideration. Suggestions of any kind are gladly accepted.

The necessity for assessments to maintain the running of the State Society, in spite of the crippling effect of the loss of membership on account of the war; also to deal with the humane side of this question. The Council feels very deeply the seriousness of the dilemma in which the medical officer finds himself in the service of his Country. His diminishing income on the one side, his increasing expenses on the other, demand every effort on our part to render assistance. It is the purpose of the Council working through the Publicity Bureau not only to protect the interests of these men who have gone to the front, but to relieve them of all the burden possible in their obligations toward the State Society. It undoubtedly will take up the problem for the care of the affairs of its members very much more fully than it has in the past.

National Defense.

The State Organization for National Defense has been active in a quiet way throughout the year. Its membership comprises nearly twenty (20) of our most representative men and women. The Committee has kept in intimate touch with Washington through all phases of the war; assisted in organization and development of working units. It has helped in the appointment of the members on the Medical Advisory Boards and in furthering propaganda and in dictating national legislation.

Legal Department.

This department, in charge of the General Attorney, Mr. Hartley F. Peart, and the Assistant General Attorney, Mr. Hubert T. Morrow, filed with the Council at its last meeting a complete report of its activities for the year.

This report shows that a great many claims have been disposed of without loss and that over a score of cases have been terminated in the courts in favor of different members. Throughout the year not a single judgment was obtained against a member.

The Indemnity Defense Fund is increasing slowly in subscribers, and no settlements or judgments were paid therefrom in 1917.

Amendments to Constitution and By-Laws.

The Council will submit to you a number of proposed amendments in our constitution and by-laws. The constitution and by-laws have sadly needed such changes, particularly the by-laws. The amendments proposed will harmonize the various provisions and will do away with a number of sections long since obsolete. Some of these changes will greatly facilitate the work of the Secretary's office and remove possible grounds of confusion and conflict.

According to the understanding of last year, the Society has discontinued publication of the Official Register and in its place will print a similar list of its members in the form of a roster. In addition to our membership list it will also contain items of interest and help to the physician. It will be issued as a supplement to the Journal and will be published as soon after the State Meeting as possible.

The Journal.

The Journal which you have all received regularly is a credit to the State Society, its Editor and Publication Committee. It undoubtedly is the best State Journal published in America, has the highest type of scientific work as well as the cleanest advertising. It has increased in volume and circulation, and in spite of the increased cost of production it has not been a loss to the Society.

REPORT OF THE AUDITING COMMITTEE.

The President then called upon H. A. L. Ryfkogel, Chairman of the Auditing Committee.

Dr. Ryfkogel made a verbal report, stating that the finances of the Society were in a much more satisfactory condition than at this time last year; that the indebtedness had been greatly reduced, and the expenses of running the Society materially lessened.

REPORT OF THE SECRETARY.

The President then called upon the Secretary, Saxton Pope, who made the following report:

The Secretary reported that notwithstanding the loss of membership throughout the State, from military enrollments, our roster of names was over 2300. During the year more than 600 of our men had joined the colors, which gives a high percentage of our best physicians in service. In spite of this loss the Society was progressing and saving money.

The work of the new Publicity Bureau, created by the House of Delegates last year, was beginning to show results. It was preparing to take an active and effective part in legislative work in the State, safeguarding the interests of the profession. Through its efforts a complete revision of the Con-

stitution and By-Laws of the Medical Society has been made, and through the Council recommendation these are to be presented to the House of Delegates for their consideration. The proposed changes have as their object the adjustment of our governing laws to our present needs. Circumstances and changing times demand improved measures, and the Bureau hopes to promote more harmony and effective co-operation between the departments of the Society by these amendments.

The question of a permanent Secretary was still unsettled, but the Council was making a persistent effort to find the right man to fill the place of the late Dr. Philip Mills Jones. It hopes ultimately to secure a full-time Secretary and Editor who can devote all his energy to organization work, public policy and constructive propaganda.

REPORTS FROM COMMITTEES.

The President then referred the reports, which had been read at the general meeting, to the Reference Committee. Reports from the following Committees:

Scientific Work, Harry E. Alderson. (Original article read at General Meeting.)

Public Health, Robert T. Legge.

Advertising, R. E. Bering.

Industrial Accident Insurance, C. P. Thomas.

Social Health Insurance, René Bine.

REPORT OF COMMITTEE ON PUBLIC HEALTH.

Mr. President and Members of the California State Medical Society:

The office of Chairman of the Public Health Committee was tendered me recently, vice Dr. G. E. Ebright, resigned. It was my ambition to develop a section in Public Health in this Society and to offer a program on some of the important problems relating to preventive medicine. On account of my being for an unexpired term and not being able to meet my confreres on the Committee, I could not perfect plans for this meeting. During these trying days of military strife when our national endeavor is to be victorious for the principles which persuaded us to enter the colossal world war, it behooves every American, and particularly the men of our profession, to lend every available means and effort to accomplish this end. We are making sacrifices. Our psychology of yesterday is different from that of today, which is the spirit of Democracy. Who has yet come forward to interpret in its larger sense its clear definition, and what will its ultimatum be tomorrow? It is, therefore, timely that this Society be placed on record as engaging all our resources, our energies, and our influences in supporting our Government through its numerous agencies in developing many of the big problems in Public Health, which are so vitally important in war time.

Probably the first important measure that confronts the Public Health authorities of the United States today is the control of venereal diseases. Our California State Board of Health, under the untiring efforts of Major Wilbur Sawyer, launched and conducted a wise public campaign to attack this problem forcefully, organizing the prevention of syphilis and gonococcus infection, and making these diseases reportable and quarantinable, as well as offering means for diagnosis and cure. Surgeon General Rupert Blue, of the U. S. P. H. Service, in co-operation with the U. S. Army, and the Red Cross, is actively endeavoring to carry out successfully a plan to control venereal diseases, and has suggested in a memorandum, its epidemiology, morbidity, quarantine, and cure of infected persons,

as well as a thorough education of the general public to the end that this disease group will be considered in the same light as are the communicable infections. We cannot be too drastic in dealing with this problem, after the startling facts that were unearthed during the first draft of our National Army. Manifestly no plan at the present time is as complete as that of Western Australia, for that country has provisions regulating both the patient and his physician. As a profession we were trained in curative medicine, let us now do our "bit" and make our great effort to control what was one time styled "private diseases," by using every available measure to suppress a greater evil than tuberculosis. The time for argument has passed and action is immediately and absolutely necessary. There is no doubt that alcohol is one of the greatest factors in the question of venereal diseases, and consequently as a Public Health measure its day is doomed likewise. Ex-President of the A. M. A., Charles Mayo, in his presidential address, advocated abolishing its place in medicine. We as physicians know the pathological results of alcohol, as well as the effect it has on the moral sense of our people, and should now go on record to support the National Amendment for Prohibition.

The suppression of prostitution can be minimized by the State providing industrial centers or work farms for these women, since it has been proven that the larger percentage of this class are feeble-minded. From an economic standpoint, it will be cheaper than convicting and confining them in jails or hospitals to be liberated later to follow their trade as before. A bill making provisions to care for such women should be presented at our next Legislature as a war measure to suppress prostitution and its evil results in venereal diseases.

In making over deductions from the U. S. Report of Vital Statistics for the registered area in 1913, we find that two groups of diseases, viz., tuberculosis has a toll of 34% and certain children's diseases, such as diarrhoea, whooping cough, bronchopneumonia, scarlet fever, and diphtheria, aggregate 50%. We are furnished with a significant argument that our present health system has materially failed in reducing mortality. The solution and remedy for this state is not to be found in simply making laws, but in putting them into execution. This can only be accomplished by employing full time trained health officers coupled with a social service bureau supporting health visitors, who could strike to the core and cut down this gross 84% of a preventable mortality to a minimum. This is not a dream or an experiment, but an executable reality. It is a necessity and such an important one that the General Medical Board of the Council of National Defense recently held a conference in Washington to consider and report on child welfare work. After the discussion there were urged and recommended eighteen resolutions which were adopted. This body, through its State Councils, desire to co-operate with all organizations interested in maternal, infant, and child welfare, to secure information as to the specific needs of each community and to show how such needs can adequately be met. Your Committee recommends to the Society that we encourage the employment of full time, well trained health officers as well as trained health visitors to follow up this problem, that the mastery of communicable diseases will be accomplished. And furthermore, that resolutions adopted by the General Medical Board of the National Council of Defense on Child Welfare in war time be supported.

The Committee offer for your consideration these few urgent Public Health problems which during the nation's crisis this Society should go on record by approving as a resolution.

ROBERT T. LEGGE,
Chairman, Public Health Committee.

REPORT OF COMMITTEE ON ADVERTISING

Your Committee beg to report that the advertising of the Journal is in a very satisfactory condition, and would have been materially increased except for the abnormal conditions existing. We have lost some advertisers, but on the other hand have gained many new ones.

There is no journal of its class published by any State Society with advertising rates as low as ours, in consequence of which we have increased our rates materially and which have been accepted by advertisers.

We have employed an outside solicitor, who has rendered good service.

Your Committee would urgently ask the cooperation of the members of the Society, which if given will substantially further the interests of the Journal.

REPORT OF COMMITTEE ON INDUSTRIAL ACCIDENT INSURANCE.

Your Committee after another year's consideration begs to report as follows:

The three subjects which this Committee was asked to consider were the possible increase in fee schedule, the free choice of physicians by the injured, and the medical ethics involved in Industrial Accident Work.

Your Committee believes that the present minimum fee schedule as usually interpreted is not satisfactory to skilled surgeons, the class of men desired by the Commission, especially as usually interpreted by the Medical Director of the Fund and the adjusters of the Insurance Companies.

We wish again to call your attention to the fact that members have two resources for adjustment of bills which are in controversy, with the Insurance Companies; first with the Adjustment Committee of the California State Medical Society, and second, through the Medical Director of the State Fund; the Commission being the final court of appeal in all such matters.

The second matter which we were asked to investigate, was relative to the choice of physicians. This has not improved at all during the past year; in fact it is in worse condition than during last year. The Insurance Companies and the Fund have both broken every agreement pertaining to this matter, which was made originally with this Society. The Insurance Companies are now employing men on salaries or some such arrangement, to do their work throughout the State. The Fund is appointing a few men to do its work. The law which permits an employee to demand a change of physicians from his employer, by which the latter will nominate at least three additional physicians for the particular case, allowing him to select from them, has, so far as your Committee knows, been resorted to but very seldom.

Third, the matter of medical ethics; your Committee is informed and believes that a considerable part of the profession has disregarded the recognized deep-rooted antagonism which exists against contract work. As above stated, many of our members are taking this work either on a straight salary, which is below fee schedule, or they are receiving special fees below schedule. Your Committee disapproves the practices of these physicians, and the action of the several Insurance Companies, and feels that it cannot do better than to reiterate the full resolutions which were presented last year by the Reference Committee on this subject and adopted by the Society, and are now a matter of record.

We wish also in face of the above facts relative to the abuses which are entering into this work to offer our earnest protest against the present impending bill on Social Health Insurance.

Dr. Lambert Changes Front.

As showing the change in attitude as to health insurance we wish to refer to a letter written by Dr. Alexander Lambert, Chairman of the Social Insurance Committee of the American Medical Association, as follows:

The whole situation is this: You have an insurance company that is trying to go in as a middleman between the patient and the doctor. All previous experience shows that when once firmly established, so that it can control the practice among the patients by giving them lower rates for medical service, the middleman in the end can dictate terms to the doctors and bid them down to absolutely inadequate remuneration for what they do. At first it looks very tempting to be assured of good, big fees for possible operations, which by their very nature, relatively seldom occur and which are only done by few surgeons, but the main work is among the patients with the small fees. Of course, when many are seen and one gets 100 per cent. collections, as would be done by the company paying it, it increases the income to the doctor because of the proverbial lack of collections that ordinarily physicians make.

I think there is one pernicious factor in this scheme, and that is that the patients pay a carrying fee of \$1.60 and 40 cents, and yet the same service is given for the varying amount of returns. That, I think, you will find to be a vicious system. There is no question as to the possible value of this scheme. There is no question that the doctor getting 50 per cent. and the insurance company taking 50 per cent. for expenses and profit, makes a mighty good thing out of it, especially since it takes only very selected groups of lives. It takes the healthiest group of people in the community and offers them medical treatment. It practically becomes a variation of lodge practice among selected lives and under capitation system. It has all the possibilities of the evils under this system. If there are a great many patients under one doctor's care, and a good deal of sickness, even in these selected lives, the doctor must give a hurried service and an inadequate service, even for these small fees. It comes right down to the evils for which lodge practice is held in contempt—that of inadequate remuneration for poor medical service.

As far as the health insurance scheme is concerned, it is perfectly inadequate. You cannot choose the healthiest lives in a community and give them selected service on small pay and think you are doing anything for the community in the way of health insurance. Because a health insurance scheme must take in all lives, good and bad, the very sick as well as the very healthy, and must give good service to all. This scheme which you have sent me successfully avoids any medical service except to the unusually healthy.

There is the danger in all these schemes of debauching a community in its ideas of medical service when done on a commercial basis such as this. It gives the idea to people that they can get medical service for almost nothing, and in the end it comes down to the doctor under lay control that deliberately makes the physicians bid against each other and produces all the evils of capitation system or lodge practice. It is the beginning of the condition against which the physicians in England fought so bitterly and complained of so bitterly just before their insurance act was enacted. The insurance companies make anywhere from 17 per cent. to 35 per cent. out of what they collect, and any middleman will gladly undertake the job to sit still and do that, letting the doctor do the work.

Yours sincerely,

ALEXANDER LAMBERT.

Committee on Social or Health Insurance of the Chicago Medical Society: Edward H. Ochsner, C.

B. King, George Apfelbach, Wm. O. Krohn, S. V. Balderston, J. V. Fowler, A. W. Seidel, J. R. Ballinger, secretary; Chas. J. Whalen, chairman.

Approved by the Illinois State Medical Society.

Committee on Social or Health Insurance of the Illinois State Medical Society: Edward Ochsner, George Apfelbach, C. A. Hercules, S. V. Balderston, J. R. Ballinger, E. W. Fiegenbaum, W. B. Chapman, secretary; Chas. J. Whalen, chairman.

"The medical profession, both in Germany and England, has been demoralized, and a large amount of time which should be given to the consideration of proper medical questions and problems is now being devoted to interminable disputes as to rights and privileges, and duties and penalties, under the insurance acts. Week after week the British Medical Journal gives publicity to the facts of confusion and conflict of professional interests in British medical practice. There has not been any real health progress in England during the last three years, or since the National Health Insurance Act came into operation, nor has there been a measurable degree of intelligent co-operation with the national or local health administration. The marvelous sanitary progress of England during the last thirty years was secured without compulsory health insurance, just as this has been the case in the United States, Canada and Australia.

"The main object of compulsory health insurance is to establish an enormous bureaucratic machinery and bring about a further regularization, supervision and control of wage-workers and their dependents."—Dr. Frederick L. Hoffman.

C. P. THOMAS, Chairman.

REPORT OF THE COMMITTEE ON HEALTH INSURANCE.*

Mr. President and Fellow Members:

Your Committee's first report was published in full in the June, 1917, issue of the California State Journal of Medicine. In this report we summarized the arguments for and against the health insurance bills that have been proposed in this country. We felt that the State Society should, as a whole and not simply through a small committee, familiarize itself with this big, broad subject of Social Insurance, and that its members should not, ostrich-like, bury their heads in the sand, refusing to see the issue and meet it squarely.

Your Committee on New Business then recommended, and you adopted, the following:

(a) That the House of Delegates concur in the conclusions of the Special Committee, that the legal institution of the proposed plan of compulsory health insurance by the State of California does not seem to be advisable at this time, and that our Council be instructed to at once take steps to see to it that our viewpoint in this matter be made as politically effective as possible.

(b) That the present Special Committee on Social Health Insurance be continued, and be requested to further study this problem, and to make a report thereon at our next annual meeting.

(c) That the House of Delegates adopt, in addition, the resolution introduced, to-wit:

Whereas, There is pending before the State Legislature an Act to enable further study of the health insurance problem, with a view to providing for the State of California a compulsory health insurance for wage workers, and

Whereas, The operation of health insurance laws in force in other parts of the world has not been

* Read before the Forty-seventh Annual Meeting of the Medical Society of the State of California, Del Monte, April, 1918.

a marked success in accomplishing that for which they were intended, and

Whereas, the State of California has so recently embarked upon the enactment of social insurance laws in the shape of industrial accident insurance, the efficiency and full use of which it has not yet had sufficient opportunity to learn (witness the pending Act before the Legislature, which changes some features and readjusts the whole working of that law), be it

Resolved, By the Medical Society of the State of California, that although such health insurance may quite possibly become highly desirable at some future day, for the present it is best to withhold legislation until such time as experience has proven the worth of social insurance as we now have it, and until political and economic affairs of our country have again become normal.

Since these resolutions were adopted, the amendment to the constitution, proposed by the Social Insurance Commission, has received the endorsement of both houses in the Legislature, and will be submitted to the citizens of the State in November, 1918.

As a matter of fact, the enabling amendment, or act, as it is called, was rather bitterly opposed in the Legislature by interests antagonistic to our profession (the Senate voted against it at first 21 to 11), on the ground that it would give too much power and wealth to the medical profession. When informed that your House of Delegates feared the contrary, this opposition to the act quickly disappeared.

And now we find that many different political, economic, social and industrial groups and bodies have gone on record as favoring some form of health insurance in this State. It was endorsed by the California State Federation of Labor by a 2 to 1 vote, at its 1918 annual meeting.

It was unanimously endorsed by the State Building Trades Council at its 1918 annual meeting.

Further than this, organized labor has gone on record for it in eleven States, the New York Federation of Labor, on February 6, 1918, not only endorsing the principle, but, without one dissenting vote, endorsing a bill prepared by their Health Committee in conjunction with their Legislative Committee and Executive Council.

In addition, nine of the International Unions, the Women's Trades Union League and the Southern Labor Congress have endorsed health insurance legislation.

Senator Johnson went on record in favor of social health insurance in his farewell address to the Legislature of January 8, 1917. Governor Stephens went on record in favor of social health insurance, as well as other forms of social insurance, in his speech of March 23, 1917. He went so far as to say that "social insurance might well be deemed as related to the pension system—a field of governmental activity, that has the approval and sanction of all society," after telling of the Commission's activities and the amendment and the recommendation, and stating that through social insurance the protection of citizens against poverty could be achieved.

The annual convention of State Iroquois Clubs unanimously endorsed (in February, 1918) Social Health Insurance and Senate Amendment No. 26.

Mr. J. O. Hayes, in announcing his candidacy and the principles for which he stood, declared himself for some form of health, maternity, unemployment and old age insurance.

Mr. Heney, whose name has been occasionally mentioned as a possible gubernatorial candidate, has in the past been so outspoken in his advocacy of such legislation as to leave little doubt as to what his attitude may be on the present issue.

Mr. Chester Rowell, editor of the Fresno Republican, a man widely and well known throughout the

State, is Chairman of the Social Insurance Commission of the State of California. He is one of the strongest advocates of health insurance, and upon his return from the South Sea Islands will do all he can to foster the movement.

In our profession, there are several who have declared themselves in favor of health insurance. We cannot totally ignore the opinions of men like W. A. Evans, Alexander Lambert, Frank Billings, H. E. Mock, J. Herrick, and a host of others.

(N. B. We would like to emphasize the fact that in spite of literature gotten out by the Insurance Economics League, Dr. Lambert has not "changed front," but is still supporting the health insurance movement.)

On the other hand, in New York the bill now before the Legislature is being opposed by every county medical unit in the State.

It may be that your House of Delegates still feels as it did a year ago, that for the good of the community it would be unwise at this time to give the Legislature power to even consider such legislation. This attitude may be the correct one to assume, considering the large number of medical men now away on war duty, and the effect of their absence on medical practice in our State. If you take this attitude and wish to defeat the amendment, you must be prepared for a strong fight. You may be successful. You will not be alone. You will have the support of strong and wealthy allies, the aid of powerful and well organized interests.

First of all you will be joining hands with Christian Scientists who so far, in this State at least, have been carrying on a strong campaign against health insurance, fearing, as they do, the possibility of being taken seriously and classed, as they have always claimed to be, a religion. They have fought all who wished to regulate or license them on this ground, and have denied that they attempted to practice medicine, and insisted that they were not a business.

But watch your first allies carefully. If they can be assured of equal recognition with the medical profession, acting under Health Insurance laws, you will find them switching around so fast it will make your heads turn. This is no idle, empty statement. It would mean the recognition by the State of a group of individuals (not recognized by the Federal authorities) as competent to practice medicine. Do you now understand their present opposition? Do you understand what they are working for? We are even told that a referendum may be asked if any bill, ignoring them, be passed by the Legislature.

Your second group of rich and powerful allies are the insurance companies. They have not waited for you to enter the fight. The "Insurance Economics Society of America, Detroit, Michigan," has already gotten out a "Special California Bulletin A-1," with a picture of the Kaiser on its front page and these words: "Made in Germany. Do you want it in California?" This Society sent several thousand copies of its Special Bulletin to the San Francisco Chamber of Commerce. The Chamber, I am told, returned them with an expression that might be construed as thanks. They have sent them to commercial bodies in practically every other city and town, and to almost every member of the medical profession. A doctor in the employ of insurance companies in this State has already started on a tour of your various component societies, to warn you and enlist your aid—a man in the employ of your former enemies—for the moment, your allies.

Insurance companies will be your faithful friends and allies—most of you know how long. Just so long as the Legislature agrees to keep them out of the health insurance field. That was their attitude with industrial accident insurance. But for a

moment give them the opportunity of coming in under the law, and see what happens. It would not surprise us to see them paying premiums to get back copies of "Special Bulletin A-1."

Your Committee recognizes the duty our profession owes to the public. If the citizens of this State, by their votes in November, show us that they wish to try out some form of health insurance, we should be willing and glad to help them. As a committee, we are making no recommendation, preferring to leave it to your House of Delegates to decide what attitude to take on the amendment.

If you go on record as against the principle of health insurance, your action must be final and what follows will not need your consideration. In the event of the passage of the amendment in November, you will have, as a body, deprived yourself of the right to a hearing. In other words, if you object to the whole thing on any ground other than "war conditions," you may later be accused of trying to make a bargain to save yourselves.

Your Committee feels that if the citizens of this State endorse the amendment, they will also look to us to guarantee them proper medical care. In return, they will assure us their support in our attempts to properly organize, standardize and finance the medical profession, so as to give the public the best possible service, and this without in any way asking us to lower our standards of education, ethics, or of living.

To protect the public, and to guarantee to it the very best service, there are certain principles which will have to be incorporated in whatever Health Insurance Bill may be proposed to the Legislature. It is absolutely necessary for the medical profession to agree upon these essentials, and having agreed upon them, to fight for their inclusion. The profession should refuse to work under any proposed law that does not include them.

We have therefore outlined, as follows, the medical provisions which we believe this Society should endorse. We stand for them, each and every one of them, and believe you should adopt them all and be ready to fight for them. Anything less would be failure on our part, to protect the public which looks to us for guidance in these matters.

1. One member of the Social Insurance Commission should be an individual duly licensed under the laws of the State of California to practice medicine and surgery.

2. There should also be a Medical Director (duly licensed under the laws of the State of California to practice medicine and surgery), who shall be responsible to the Commission for the carrying out of the medical provisions of the act.

3. The Commission shall not allow any individual to accept or assume responsibility for the care or treatment of any sick insured except an individual duly licensed to practice medicine and surgery under the laws of the State of California.

4. Each insured shall have free and unrestricted right to choose the services of any physician duly licensed under the laws of the State of California to practice medicine and surgery, provided that having made the choice he shall not have the privilege to change within six months, except upon appeal to and with the consent of the medical director.

5. The medical profession must be guaranteed an adequate income. The only practical way of guaranteeing this is by payment to the physician on a capitation basis. This method of financing payment for medical service should be adopted.

6. The minimum capitation amount should be \$5.00, exclusive of specialists' service, for which a fund should be created, on a basis of at least \$1.00 per capita.

7. The maximum number of individuals that may register with one physician should be 2000, this

number having proved satisfactory in British practice.

8. The act should provide for the division of the State into districts, sufficiently small to form a proper administrative unit. Each district should have over it a medical supervisor who should be a full time salaried man, licensed under the State of California, to practice medicine and surgery.

9. The district medical supervisor should be responsible for the standards of work and the proper personal relations between physicians and the insured in his district. He would have no absolute power, e.g. such as depriving a doctor of his right to care for sick insured, but technically, he might often be called upon to decide as to the eligibility of an individual for sick benefit.

He should at all times represent the Commission's interest in the district.

It should be his duty to refer all questions seriously involving the integrity or professional ability of physicians employed under the act to a tribunal that shall be established by the Commission for the adjudication of such matters.

10. The Commission should provide in each district, diagnostic centers. These diagnostic centers should be sufficient in number, and technically so equipped, as to guarantee each insured all modern aids to diagnosis and treatment.

11. The services of a diagnostic center should be free to physicians for insured patients. These centers should be equipped by the State and should be restricted to the use of insured patients.

12. To each diagnostic center should be attached a group of specialists to include at least four. These men should devote a certain number of hours a day to the work of the center, e.g. 9 to 12 on week days, and on this basis should be paid a minimum of \$150 a month.

13. Specialists are to be chosen by a Medical Advisory Board, acting with the Medical Director, the Medical Advisory Board to be nominated to the Commission by all those State organizations whose members are all regularly licensed to practice medicine and surgery in the State of California together, possibly, with representatives of those physicians working under the act, and who are not members of the above State organizations.

14. Any physician refused employment by the Commission, either as a physician or as a specialist, may on demand be entitled to an examination given under the direction of the Medical Advisory Board.

15. Each district should be provided with dental operators and apparatus sufficient to maintain the mouths of insured in a healthy condition.

16. Each district should be provided with one or more nurses who shall act as assistants to the physicians and as sick visitants.

17. The act should be drawn in such a way that it will insure the maximum results in the prevention of disease by coordinating the activities of the physicians operating under the Social Insurance Act with those of the local and State Boards of Health and of the officers employed by the Public Health and Marine Hospital Service of the United States.

18. To work the insurance act will demand definite sacrifice on the part of the medical profession, which considers social insurance to be a social duty in the nature of a beneficence. Physicians, therefore, cannot be expected to serve under the act if any profit making organizations be allowed to share in the administration of the law or to derive any gain from the administration of the law or any of its provisions.

19. The health insurance system should provide for not only the same persons or classes of persons as those who are under the existing Workmen's Compensation System, but should include

those engaged in farm labor and in household domestic service.

20. There should be some provision in the act for the care of the casual worker.

21. Inasmuch as physicians will, under any health insurance act, become employees of the State, and responsible to the Commission for their standards of professional service, there must be some provision in the act, abrogating the individual liability of physicians for services rendered the insured.

Respectfully submitted.

(Signed) RENÉ BINE,
Chairman, Committee on Social Insurance.

NEW BUSINESS.

The recommendations contained in the President's Report, Amendments to the Constitution and By-Laws recommended by the Council, together with resolutions presented by various members of the Medical Society were referred to the Reference Committee. (See Report of Reference Committee Second Session of the House of Delegates.)

Announcement of the President.

The President then announced that the Council had appointed the following men to act as a Committee on the award of the Barbat prize for the best scientific paper:

Committee—Fitch C. E. Mattison, Pasadena; Sol Hyman, San Francisco; Geo. H. Evans, San Francisco.

Address of Barbara Nachtrieb Grimes.

Dr. René Bine moved that the privilege of the floor be granted to Barbara Nachtrieb Grimes, which was duly seconded and carried. Mrs. Grimes then took the floor and addressed the House on the subject of Social Health Insurance.

The meeting was adjourned to meet Wednesday evening, April 17th, at 8:30 o'clock.

SECOND SESSION

Wednesday Evening, April 17, 1918, at 8:30 o'clock.

ROLL CALL.

The roll being called, eighty-five Delegates were found to be present and the President, J. Henry Barbat, in the chair, declared that a quorum of Delegates was present and that the House was ready for business.

The President then made the announcement that the place of meeting for 1919 would be Hotel Potter, Santa Barbara, California.

ELECTION OF OFFICERS.

Nominations for President were declared in order.

President—Dr. C. Van Zwahlenburg of Riverside was nominated for President by Dr. Andrew S. Lobingier of Los Angeles, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. C. Van Zwahlenburg for President. The Secretary duly cast the ballot, and Dr. C. Van Zwahlenburg was duly declared elected President of the Society for the ensuing year.

Nominations for First Vice-President were declared in order.

First Vice-President—Dr. John H. Graves of San Francisco was nominated for First Vice-President, said nomination being duly seconded. On

motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. John H. Graves for First Vice-President. The Secretary duly cast the ballot, and Dr. John H. Graves was duly declared elected First Vice-President of the Society for the ensuing year.

Nominations for Second Vice-President were declared in order.

Second Vice-President—Dr. Ferdinand Stabel of Redding was nominated for Second Vice-President, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. Ferdinand Stabel for Second Vice-President. The Secretary duly cast the ballot, and Dr. Ferdinand Stabel was duly declared elected Second Vice-President of the Society for the ensuing year.

Nominations for Secretary were declared in order.

Secretary—Dr. Saxton Pope of San Francisco was nominated for Secretary, said nomination being duly seconded. On motion, duly seconded, the President cast the ballot of the House for Dr. Saxton Pope for Secretary, and Dr. Saxton Pope was duly declared elected Secretary of the Society for the ensuing year.

Nominations for Councilors were declared in order.

Councilors.

First District—Dr. John C. King of Banning was nominated for Councilor for the First District, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. John C. King for Councilor for the First District. The Secretary duly cast the ballot, and Dr. John C. King was duly declared elected Councilor for the First District for the ensuing year.

Third District—Dr. T. C. Edwards of Salinas was nominated for Councilor for the Third District, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. T. C. Edwards for Councilor for the Third District. The Secretary duly cast the ballot, and Dr. T. C. Edwards was duly declared elected Councilor for the Third District (to succeed himself) for the ensuing year.

Fourth District—Dr. George H. Aiken of Fresno was nominated for Councilor for the Fourth District, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. George H. Aiken for Councilor for the Fourth District. The Secretary duly cast the ballot, and Dr. George H. Aiken was duly declared elected Councilor for the Fourth District (to succeed himself) for the ensuing year.

At Large—Dr. H. A. L. Ryfkogel of San Francisco was nominated for Councilor at Large, said nomination being duly seconded. On motion, duly seconded, the Secretary was instructed to cast the ballot of the House for Dr. H. A. L. Ryfkogel for Councilor at Large. The Secretary duly cast the ballot, and Dr. H. A. L. Ryfkogel was duly declared elected Councilor at Large (to succeed himself) for the ensuing year.

Nominations for Committee on Scientific Program and Work were declared in order.

Committee on Scientific Program and Work—On motion, duly seconded, Dr. Lemuel P. Adams of Oakland was nominated to serve on the Committee on Scientific Program and Work. On motion, duly seconded, nominations were closed, and Dr. Lemuel P. Adams was duly declared elected.

On motion, duly seconded, Dr. E. C. Fleischner of San Francisco and Dr. F. M. Pottenger of Monrovia were elected temporarily to take the places of Dr. Robert A. Peers of Colfax and Dr. Walter V. Brem of Los Angeles, who are in service in the U. S. A.

The President announced the Committee on Scientific Program and Work for 1918, as follows: Fitch C. E. Mattison, Chairman, Pasadena; E. C. Fleischner, San Francisco; F. M. Pottenger, Monrovia; Lemuel P. Adams, Oakland.

Motions for Committee on Public Policy and Legislation were declared in order.

Committee on Public Policy and Legislation—On motion, duly seconded, Dr. F. F. Gundrum of Sacramento and Dr. Wm. Duffield of Los Angeles were nominated and declared elected to serve on the Committee on Public Policy and Legislation.

The President announced the Committee on Public Policy and Legislation for 1918, as follows: Ray L. Wilbur, Stanford University; Wm. Le Moyne Wills, Los Angeles; Wm. R. Molony, Los Angeles; Walter B. Coffey, San Francisco; F. F. Gundrum, Sacramento; Wm. Duffield, Los Angeles.

Committee on Arrangements—The President announced that the Committee on Arrangements would be appointed by the Council.

Committee on Public Health—On motion, duly seconded, the Committee on Public Health was re-elected.

The President announced the Committee on Public Health for 1918, as follows: Robert T. Legge, Chairman, Berkeley; A. B. Cooke, Los Angeles; W. H. Irwin, Oakland; W. W. Roblee, Riverside; J. L. Pomeroy, Los Angeles.

Delegates to the A. M. A.—On nomination and ballot, duly had and taken, the following were elected as Delegates to the American Medical Association: (Two years) George H. Kress, Los Angeles; (two years) Victor G. Vecki, San Francisco; (one year) O. D. Hamlin, Oakland (to take the place of Dr. A. B. Spalding.)

Alternates—On nomination and ballot, duly had and taken, the following were elected as Alternates to the American Medical Association: (Two years) Wm. P. Lucas, San Francisco; (two years) Granville MacGowan, Los Angeles; (1 year) A. W. Hoisholt, Napa; (one year) E. C. Fleischner, San Francisco. (H. P. Newman, San Diego, was elected last year (1917) to serve for a term of two years.)

The President then called upon Dr. F. B. Carpenter, Chairman of the Reference Committee, for a report of that Committee.

Upon the motion of H. Bert Ellis, seconded by James H. Parkinson, it was unanimously

Resolved, that the report be taken up, read and approved, section by section.

REPORT OF THE COMMITTEE ON NEW BUSINESS.

Your Committee on New Business begs leave to report the following for the consideration of the House of Delegates:

I.

Report of the President.

It is the sense of your Committee that the transactions of the Council could be carried on to better advantage if the matter of the choice of the Chairman of the Council be left in the hands of that body.

Your Committee further recommends the adoption of the following amendment:

Amendment to By-Laws.

The Society shall elect a President for the next succeeding year who shall remain "President-elect" for one year preceding his assumption of the duties of President. While President-elect, he shall be ex-officio a member of the Council.

Publication Committee.

The recommendation in reference to the election of the Committee on Publication is dealt with in today's action by the Council, and will be presented in their report for your consideration.

We recommend the further careful consideration of the President's paper by the members.

II.

Report of the Chairman of the Council.

Recommended that it be accepted and placed on file.

III.

Report of Harry E. Alderson.

This Committee endorses the report of the Chairman of the Scientific Program and recommends that it be printed in the JOURNAL, and that two thousand reprints be made for distribution.

IV.

Resolutions.

Your Committee recommends the adoption of the following resolutions:

RESOLUTION NO. 1.

Presented by the Council of the Medical Society of the State of California.

The Council recommends to the House of Delegates, that all members actively in military service shall be exempt from the payment of dues to the State Society and shall be carried in full standing during their absence from professional work.

RESOLUTION NO. 2.

Presented by the Council of the Medical Society of the State of California.

The Council recommends to the House of Delegates that a special war tax of \$1.00 per capita be levied on all members of the State Society not in military service in order to meet the deficit occasioned by military enrollment.

RESOLUTION NO. 3.

Presented by René Bine.

As expressive of the sentiment of the County Secretaries, be it resolved that all members of the Medical Society of the State of California on the membership roll during the year 1917, or thereafter, who actively enter the public service of our country, shall be considered as members of the Medical Society in good standing with all the

rights and privileges of such membership; provided, however, that such military colleagues shall be exempt from State Society assessments for the years while in active service during the present war and their absence from professional work.

RESOLUTION NO. 4.

The following resolution was presented by F. C. Piersol:

Resolved, that this body recommend to the American Medical Association that during the period of the war all members of the American Medical Association who are in active service shall be given a fellowship by the American Medical Association during their active service in the Army or Navy.

RESOLUTION NO. 5.

The following resolution was presented by René Bine:

On endorsement and co-operation with the National Children's Year Program.

Resolved, that the Medical Society of the State of California endorses and will co-operate in the "National Children's Year Program" as put forth by the Children's Year Committee for California of the Woman's Committee of the Council of Defense of the State, and supported by the Board of Control of the State by the granting of a special fund for its execution.

RESOLUTION NO. 6.

Presented by George H. Kress. Amendment to Article VII, Section 6 of the By-Laws.

Resolved, that the House of Delegates shall authorize the Council or the President to appoint Committees to deal with various scientific or special features as it may deem fit, not specifically mentioned in the Constitution or By-Laws (to be referred to the Committee on Amendments.)

Your Committee does not recommend adoption.

RESOLUTION NO. 7.

Presented by George H. Kress.

Resolved, that it is the sense of the House of Delegates that the Council and officers in the future shall provide the proper number of medical stenographers for the scientific sections.

Not recommended by Committee.

RESOLUTION NO. 8.

The following resolution was presented by George H. Evans:

Resolved, that the Medical Society of the State of California urges on the Board of Directors of the State Home for Feeble Minded at Glen Ellen and on the Governor of the State of California that the choice of superintendent of this Institution shall be made on a basis of scientific training and experience appropriate along the lines of most modern development.

RESOLUTION NO. 9.

Presented by George H. Kress. Amendment to Article X, Section 5.

Any such new member joining a component County Society at any time during the Society's fiscal year shall pay the regular assessment to be applied as such for the fiscal year in which he joins; provided, that if such new member joins after July 1st of any fiscal year, then the assess-

ment to be paid by him shall be only one-half the regular assessment.

RESOLUTION NO. 10.

Presented by P. K. Brown and George H. Kress.

Whereas, women physicians in Great Britain, France, Russia, Serbia and Germany have performed invaluable services during the present war, services which have been signally recognized by their respective governments; and

Whereas, in the United States there are a large number of women physicians fitted and equipped to render equally valuable service, and to render service as efficient and valuable as can be rendered by men physicians, not only as anaesthetists, radiographers, and hospital and laboratory directors, but also as surgeons; now therefore

Be it resolved, that the Medical Society of the State of California express its desire that the American Medical Association do all in its power to further the utilization of the service of women physicians of the country as members in full standing of the Medical Section of the Officers' Reserve Corps, and United States Public Health Service.

RESOLUTION NO. 11.

Amendment to Amendment No 1, presented by James H. Parkinson.

That all proposed amendments to the By-Laws be referred back to the Committee on Amendments.

RESOLUTION NO. 12.

The following resolution was presented by Dr. Morton R. Gibbons:

Whereas, our European Allies have, in their vast necessity, found it advisable to undertake a systematic rehabilitation of crippled soldiers through occupational therapeutics, followed by re-education; and,

Whereas, there are more people crippled in industry than there will be in our Armies if all the men now in service enter the field, if their experience corresponds to that of the Allies; and,

Whereas, a bill has recently been introduced in Congress which, if passed, will provide occupational therapeutic hospitals and auxiliary work shops for rehabilitation of crippled soldiers and sailors, and will provide re-education with compensation for services during rehabilitation;

Therefore, be it hereby resolved by the Medical Society of the State of California in its forty-seventh annual meeting, held at Del Monte, April 16th, 17th and 18th, 1918, that the necessities of the industrially injured *require* and *warrant* that the scope of the above-referred to legislation be broadened to permit of provision for rehabilitation and training of those who have been incapacitated by industrial injury or by personal injury.

RESOLUTION NO. 13.

Your Committee recommends the following resolution by Dr. Charles C. Browning:

Resolved, that if Senate Amendment No. 26, which is to be voted on at the California State General Election in November of this year carries, that it is the sense of this body, that the medical profession of this State should co-operate with the Social Insurance Commission and put forth its best efforts to frame legislation which

shall guarantee the public the best possible medical service.

In order that these interests be so protected, your Committee further recommends that the following provisions advanced by the Committee, and such others as it may from time to time recommend, be incorporated before Amendment No. 26 receives the sanction of the Medical Society:

1. One member of the Social Insurance Commission should be an individual duly licensed under the laws of the State of California, to practice medicine and surgery.

2. There should also be a medical director who shall be responsible for the carrying out of medical provisions of the act.

3. The Commission shall not allow any individual to accept or assume responsibility for the care or treatment of any sick insured except that individual be duly licensed to practice medicine and surgery under the laws of the State of California.

4. Each insured shall have free and unrestricted right to choose the services of any physician employed by the Commission, providing that having made the choice he shall not have the privilege to change within six months.

5. The medical profession must be guaranteed an adequate income. The only practical way of guaranteeing this is by payment to the physician on a capitation basis. This method of financing payment for medical service should be adopted.

6. The minimum capitation amount should be \$5.00, exclusive of specialists' service, for which \$1.00 should be allowed.

7. The maximum number of individuals that may register with one physician should be 2000, this number having proved satisfactory in British practice.

8. The act should provide for the division of the State into districts, sufficiently small to form a proper administrative unit. Each district should have over it a medical supervisor who should be a full-time salaried man, licensed under the State of California, to practice medicine and surgery. (Salary \$5000.)

9. The district medical supervisor should be responsible for the standards of work and the proper personal relations between panel physicians and the insured in his district. He would have no absolute power, e. g., such as dismissing a doctor from the panel, but technically might often be called upon to decide as to the eligibility of an individual for sick benefit.

He should at all times represent the Commission's interest in the district.

It should be his duty to refer all questions seriously involving the integrity or professional ability of panel physicians to a tribunal that shall be established by the Commission for the adjustment of such matters.

10. The Commission should provide in each district, diagnostic centers. These diagnostic centers should be sufficient in number, and technically so equipped, as to guarantee each insured all modern aids to diagnosis and treatment.

11. The services of a diagnostic center should be free to physicians for panel patients. These centers

should be equipped by the State and should be restricted to the use of panel patients.

12. To each diagnostic center should be attached a group of specialists to include at least four. These men should devote a certain number of hours a day to the work of the center, e. g., 9 to 12 on week days, and on this basis should be paid a minimum of \$150 a month.

13. Specialists are to be chosen by a Medical Advisory Board acting with the Medical Director, the Medical Advisory Board to be nominated to the Commission by those State organizations whose members are all regularly licensed to practice medicine and surgery in the State of California, together with representatives of the panel physicians.

14. Any physician refused employment by the Commission either as a panel physician or as a specialist may on demand be entitled to an examination given under the direction of the Medical Advisory Board.

15. Each district should be provided with dental operators and apparatus sufficient to maintain the mouths of insured in a healthy condition.

16. Each panel should be provided with one or more nurses who shall act as assistants to the panel physician and as sick visitants.

17. The act should be drawn in such a way that it will insure the maximum results in the prevention of disease by co-ordinating the activities of the physicians operating under the Social Insurance Act with those of the local and State Boards of Health and of the Federal officers employed by the Public Health Service of the United States.

18. To carry out the provisions of the act will demand definite sacrifice on the part of the medical profession who consider social insurance to be a social duty in the nature of a beneficence. They therefore cannot be expected to serve under the act if any profit-making organization is allowed to share in the administration of the law and to derive gain from administering its provisions.

19. Under such an act as is proposed, the State would set standards of work to be done and supervise the results. Therefore, it is the sense of the Medical Society of the State of California that the State must assume legal responsibility for the results of medical and surgical treatment and relieve the physician from liability suits.

20. That the Insurance Commission of the State be requested to have some firms that specialize in systems for physicians prepare forms for physicians' records and reports.

21. It is the sense of the Society that only wage-earners whose gross annual incomes are less than \$1500 should be included in the provisions of this act.

The first twelve resolutions contained in this report were unanimously adopted without comment.

The Thomas-Graves and Browning resolutions were considered at great length on the floor of the House of Delegates and a general discussion ensued. The House was unable to come to a unanimous opinion. The subject of Social Health Insurance was debated by the following: C. P. Thomas,

J. H. Graves, G. A. Hare, Geo. H. Kress, Langley Porter, René Bine, W. B. Coffey, W. C. Alvarez, Dudley Smith, W. C. Voorsanger, Fitch C. E. Mattison, H. Bert Ellis, Geo. E. Ebright.

The Thomas-Graves and Browning resolutions are as follows:

Thomas Resolution.

Be it resolved, that the Medical Society of the State of California earnestly protests against the adoption of the proposed Constitutional Amendment enabling the Legislature of the State of California to press the so-called Health Insurance Bill, for the following reasons:

First, that it has been impossible for a sufficient number of the citizens of the State to properly study such a measure and to be able to express an intelligent opinion on such a momentous subject by the time the vote will be taken.

And for the further reason that at this time when every energy and all the wealth of this State may be needed for the successful prosecution of the war against the foes of humanity, it is no time to burden ourselves with a measure which will cost somewhere between twenty-five and fifty millions of dollars annually to insure a doubtful success.

Graves Resolution.

Resolved, that this Society go on record as being in full accord with all the efforts to relieve destitution and preventable illness in California, and that we advise a most thorough study and analysis of the same and further, that as regards the proposed health insurance legislation, that we advocate a still further study of this plan before we ask California to commit itself to its adoption.

Browning Resolution.

Resolved, that if Senate Amendment No. 26, which is to be voted on at the California State General Election in November of this year carries, that it is the sense of this body that the medical profession of this State should co-operate with the Social Insurance Commission and put forth its best efforts to frame legislation which shall guarantee the public the best possible medical service.

Dr. Langley Porter recommended that the Graves-Thomas resolution be stricken out.

Dr. Hare endorsed Porter's amendment, suggesting that the subject be referred to the Council.

After considerable discussion upon the motion of G. A. Hare, seconded by G. H. Evans, the following amendment was unanimously substituted:

"That the resolution relating to Social Insurance be referred to the Council with the recommendation that it, with the assistance of the general attorney, use every means within its power to secure such legislation as will best safeguard the interests of the medical profession."

Upon motion of Parkinson, seconded by H. Bert Ellis, it was unanimously

Resolved, that the report of the Reference Committee and the recommendation contained therein be accepted, with the exception of that part dealing with Social Insurance.

Dr. C. Van Zwahlenburg, the incoming President, was then introduced by the Chairman and made a short verbal address.

Constitution and By-Laws.

Amendments to the Constitution and By-Laws were presented by Dr. Jas. H. Parkinson on behalf of the Council.

Dr. Geo. H. Evans made a motion that these amendments be laid on the table until next year. No second to this motion.

The following amendments to the Constitution were then presented for action at the next annual meeting:

**CONSTITUTION OF THE MEDICAL SOCIETY
OF THE STATE OF CALIFORNIA.**

ARTICLE I.**Name and Object.**

Section 1. The name of this Society shall be the "Medical Society of the State of California."

Sec. 2. The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of California, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians, to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE II.**Component Societies.**

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE III.**Composition of the Society.**

Section 1. This Society shall consist of Members, Delegates, and Guests.

Sec. 2. Members—The Members of the Society shall be the members of the component county medical societies.

Sec. 3. Delegates—Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

Sec. 4.—Guests—Any distinguished scientist, or any physician not a resident of this State, may become a guest during any Annual Session on invitation of the President or the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that session. The President shall announce to the general meeting the names of such persons as have been invited to attend the meeting, and their names shall then be enrolled as guests of that annual meeting.

ARTICLE IV.**House of Delegates.**

The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) Delegates elected by the component county societies, (2) the Councilors, and (3), ex-officio, the President and Secretary of this Society.

ARTICLE V.**Meetings.**

Section 1. The regular meetings of this Society shall be held annually.

Sec. 2. Special meetings of the House of Delegates may be convened as the By-Laws provide.

Sec. 3. Twenty-five members shall constitute a quorum in the House of Delegates.

Sec. 4. The selection of the place of meeting, and the election of officers, shall be the first order of business of the House of Delegates at the second evening session of each annual meeting.

Sec. 5. All officers shall be elected by ballot, and shall serve until their successors are chosen and qualified.

ARTICLE VI.**Officers.**

Section 1. The officers of this Society shall be a President, a First Vice-President, a Second Vice-President, a Secretary, two Assistant Secretaries, a Treasurer, Examiners or nominees for appointment as Examiners on the Board of Medical Examiners as may be required by the laws of the State of California governing the practice of medicine, and twelve Councilors, of whom one shall be elected from each of the nine Councilor districts and three at large. Not more than three Councilors shall be elected from any one Councilor district. These officers shall be elected by the House of Delegates at the time and in the manner duly provided in this Constitution and By-Laws.

Sec. 2. The officers, except the Treasurer and the Councilors, shall be elected annually. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged.

Section 3. No delegates shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

ARTICLE VII.**Council.**

The Council shall consist of the Councilors and the President and Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

ARTICLE VIII.**Section and District Societies.**

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of such District Societies as will promote the best interests of the profession, such societies to be

composed exclusively of members of component county societies.

ARTICLE IX.

Reciprocity of Membership With Other State Societies.

In order to broaden professional fellowship, this Society is ready to arrange with other State Medical Associations for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

ARTICLE X.

Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.00 per capita per annum, except on a four-fifths vote of the Delegates. The fiscal year of the Society shall be from January 1st to December 31st. The number of members in good standing in each component society on the first day of January of each year shall be taken as the basis for the assessment for that fiscal year, as fixed by the House of Delegates. Funds may also be raised by voluntary contributions from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

ARTICLE XI.

Referendum.

Section 1. A general meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered, the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XII.

The Seal.

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XIII.

Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and

that it shall have been published twice during the year in the Journal of this Society, or sent officially to each component society for at least two months before the meeting at which final action is to be taken.

CONSTITUTION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

(Incorporating Amendments proposed at Annual Meeting held at Del Monte, April 1918,—to be voted upon at Annual Meeting to be held at Santa Barbara, April 1919).

Constitution.

ARTICLE I.

NAME AND OBJECT.

Section 1. The name of this Society shall be the "Medical Society of the State of California." No change from original.

Sec. 2. The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of California, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE II.

COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Society. No change from original.

ARTICLE III.

MEMBERS.

Section 1. Members—The Members of the Society shall be the members of the component county medical societies, excluding associate or honorary members thereof. Proposed amendment.

Sec. 2. Guests—Any distinguished scientist, associate or honorary member of any component county society, or any physician not a resident of this State, may become a guest during any Annual Meeting on invitation of the President or the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that meeting. The President shall announce to the general meeting the names of such persons as have been invited to attend the meeting, and their names shall then be enrolled as guests of that annual meeting.

ARTICLE IV.

HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society, and shall consist of (1) Delegates elected by the component county societies, (2) the Councilors, and (3) ex-officio, the President and Secretary of this Society.

ARTICLE V.

MEETINGS.

Section 1. The regular meetings of this Society shall be held annually.

Sec. 2. Special meetings of the House of Delegates may be convened as the By-Laws provide.

Sec. 3. Twenty-five members shall constitute a quorum in the House of Delegates.

Sec. 4. The election of officers shall be the first order of business of the House of Delegates at the second evening session of each annual meeting.

Sec. 5. All officers shall be elected by ballot, and shall serve until their successors are elected and qualified.

ARTICLE VI.

OFFICERS.

Section 1. The officers of this Society shall be a President, a President-elect, a First Vice-President, a Second Vice-President, a Secretary, and fifteen Councilors, of whom one shall be elected from each of the nine Councilor districts and six at large, two of whom shall be elected from the County of Los Angeles, one from the City and County of San Francisco, one from the County of Alameda, and two from the remainder of the State. Not more than three Councilors shall be elected from any one Councilor district. These officers shall be elected by the House of Delegates at the time and in the manner duly provided in this Constitution and By-Laws.

Sec. 2. The officers, except the Councilors, shall be elected annually. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be arranged.

Sec. 3. The Society shall elect a President for the next succeeding year who shall remain President-elect for one year preceding his assumption of the office of President. While President-elect he shall be ex-officio a member of the Council.

Sec. 4. No delegates shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

ARTICLE VII.

COUNCIL.

The Council shall consist of the Councilors and the President, the President-elect and the Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

ARTICLE VIII.

SECTION AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of

such District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE IX.

FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates by a four-fifths vote thereof. The fiscal year of the Society shall be from January 1st to December 31st. The number of members in good standing in each component society on the first day of March of each year shall be taken as the basis for the assessment for that fiscal year, as fixed by the House of Delegates. Funds may also be raised by voluntary contributions from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications and for such other purposes as will promote the welfare of the profession.

ARTICLE X.

REFERENDUM.

Section 1. A general meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered, the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XI.

THE SEAL.

The Society shall have a common seal, with such inscription thereon as the Council shall prescribe.

ARTICLE XII.

AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any annual meeting, provided that such amendment shall have been presented in open meeting at the previous annual meeting, and that it shall have been published twice during the year in the Journal of this Society, or sent officially to each component society for at least two months before the meeting at which final action is to be taken.

Upon motion it was unanimously

Resolved, that owing to the lateness of the hour the House of Delegates adjourn to meet at 9 o'clock A. M., April 18th, in the Art Gallery.

Proposed amendment.

Proposed amendment.

Proposed amendment.

Barbat amendment.

Proposed amendment.

No change from original.

Proposed amendment.

No change from original.

Proposed amendment.

Proposed amendment.

THIRD SESSION

of the House of Delegates, held Thursday
Morning, April 18, 1918, 9:00 o'clock.

ROLL CALL.

On roll call a quorum was found present and acting.

General Attorney Hartley F. Peart then addressed the House on the subject of Legal Defense.

AMENDMENTS.

On motion of John C. Young, seconded by Geo. G. Reinle, it was unanimously

Resolved, that the Amendments to the By-Laws be read section by section, that they be adopted as read unless there be objection.

Mr. Hartley F. Peart, the general attorney, read each proposed amendment to the By-Laws and after discussion on motion, duly made and seconded, was duly adopted; and the By-Laws as thus duly amended read as follows, to-wit:

**BY-LAWS OF THE MEDICAL SOCIETY
OF THE STATE OF CALIFORNIA**

(As revised and amended at the Annual Meeting held at Del Monte, April 1918).

ARTICLE I.**MEMBERSHIP.**

Section 1. All members of affiliated County Medical Societies, except associate or honorary members, shall by virtue of such membership, be members of this Society upon certification by the Secretary of the component Society of such membership and the receipt of the assessment for the fiscal year.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings, nor receive its publications, until he has been relieved of such disability.

Sec. 3. It shall be the duty of the Secretary of each component society to furnish the Secretary of this Society, before the first day of March of each year, a list of all members in good standing (with addresses) on the first day of January of each year.

Sec. 4. Any physician residing in a county in which there is no county medical society in affiliation with this Society, may make application for membership to the county society of the county nearest to that in which he resides, or to that adjoining county society which he can most conveniently attend.

Sec. 5. Each member in attendance at the annual meeting shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that meeting. No member shall take part in any of the proceedings of an annual

meeting until he has complied with the provisions of this section.

Sec. 6. All members of this Society, on the membership roll during the year 1917, or thereafter, who actively enter the public service of the United States, shall be considered as members of this Society in good standing, with all rights and privileges of such membership, and shall be exempt from all assessments of this Society, including, if members thereof, assessments for the Indemnity Defense Fund, while in active service and absent from professional work during the present war.

ARTICLE II.**MEETINGS.**

Section 1. The annual meeting of this Society shall convene on the third Tuesday in April of each year.

Sec. 2. Special meetings of the House of Delegates may be called by the President and shall be called by him upon the written request of at least twenty Delegates, provided that each Delegate is notified as to time, place, and object of the proposed meeting, by written notice, given at least ten days prior thereto.

Sec. 3. During the annual meeting of this Society, the general meeting shall convene each day at 9 a. m., and at such other times as it may, by resolution, determine, which times shall not conflict with the sessions of the House of Delegates. Section meetings may be provided for by the Committee of Arrangements. The House of Delegates shall meet each day at 8 p. m., or at such other time as will not conflict with the general meetings.

Sec. 4. The general meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and to the public.

ARTICLE III.**HOUSE OF DELEGATES.**

Section 1. The House of Delegates shall be the legislative body of the Society, and shall consist of delegates representing each component society.

Sec. 2. The House of Delegates shall meet at 8 p. m. on the first day of the annual session. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general meetings. The order of business shall be arranged as a separate section of the program.

Sec. 3. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every twenty-five members, and one for each major fraction thereof, except in the event of reapportionment, as provided in Article V, Section 6; but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws shall be entitled to one delegate.

Sec. 4. Twenty-five delegates shall constitute a quorum.

Sec. 5. Delegates shall be elected for a term of two years, and those societies entitled to more than one representative are required to arrange

such election so that one-half of their delegates, as near as may be, shall be elected each year.

Sec. 6. At the first annual meeting of this Society, after the adoption of this Constitution and By-Laws, the delegates of component societies entitled to only one delegate, shall draw lots to determine which half of the delegates shall hold for one year. Thereafter all delegates shall hold for two years, or until their successors are chosen.

Sec. 7. The House of Delegates shall approve all memorials and resolutions of whatever character issued in the name of the Medical Society of the State of California before the same shall become effective.

Sec. 8. The sessions of the House of Delegates shall be open to all members of this Society, but, except upon invitation, they shall have no right to participate in its proceedings.

Sec. 9. The House of Delegates shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

Sec. 10. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Society who are not members of it. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 11. The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Sec. 12. Members of the House of Delegates shall be designated by an appropriate badge.

ARTICLE IV.

DUTIES OF OFFICERS.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; he shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require.

Sec. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

Sec. 3. The Secretary shall attend the general meetings of the Society and the meetings of the House of Delegates and of the Council, and shall keep the minutes of their respective proceedings. He shall be ex-officio Secretary of the Council. He shall be custodian of all records, books and papers belonging to the Society, and shall keep account of and promptly turn over to the depository all funds of the Society which come into his

hands. He shall provide for the registration of the members and delegates at the annual meetings. He shall, with the co-operation of the Secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall perform such other duties as the Council shall direct. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making its annual report; he shall keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the depository. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council. The Secretary shall file a bond to the Society with sufficient surety approved by the Council, in the sum of \$2000, for the faithful performance of his duties.

Sec. 4. The depository of the Society shall be a bank or trust company to be selected by the Council. All funds received for the Society by an officer or agent thereof shall be at once deposited with the depository. The depository shall pay out the money of the Society only upon a check or draft signed by the Secretary and countersigned by the Chairman of the Council. The Secretary shall issue such checks or drafts only upon vouchers approved by the Auditing Committee and signed by all the members thereof. A cash fund of two hundred dollars (\$200.00) may be left with the Secretary, from which fund petty cash items may be paid. But no bill exceeding five dollars (\$5.00) shall be paid except by check or draft and in the manner herein provided.

ARTICLE V.

Section 1. The Council shall meet on the day preceding the annual meeting and daily during the sessions. Regular meetings shall also be held quarterly, in January, April, July and October of each year, at least one of which shall be held in the southern section of the State. Special meetings may be called by the chairman at any time, and he shall call a special meeting upon the written request of at least three Councilors, provided written notice for not less than seven days, of the time, place and object of the proposed special meeting be given by the Secretary; and at the meeting held on the last day of the annual meeting of the Society it shall reorganize and outline the work for the ensuing year. It shall elect a Chairman who shall make an annual report to the House of Delegates of its proceedings. It shall have the power to invest the funds of the Society.

Sec. 2. In the event of a vacancy in the Council, or in the office of Secretary, or in any elective

office not otherwise provided for, the Council shall fill the vacancy until the next annual election.

Sec. 3. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into a society. Such a society when organized shall be entitled to all the rights and privileges provided for component societies until such counties shall be organized separately.

Sec. 4. The Council shall provide for the publication and distribution of a periodical to be known as the "California State Journal of Medicine," or some similar title to be determined by the Council, and such other publications as may be necessary, and shall have authority to employ at such salary as it may deem proper, an Editor, who shall be responsible to the Council, and who shall properly edit and conduct the official journal and such other publications as may be authorized by the House of Delegates or the Council.

Sec. 5. The Council, as the Finance Committee of the House of Delegates, shall audit the accounts of all officers, committees and agents of the Society, at least once a year, and shall present a report to the House of Delegates.

Sec. 6. The Council shall divide the State into Councilor districts, according to the number of districts fixed by Article VI, Section 1 of the Constitution, specifying what counties each district shall include. Whenever the number of Delegates, as provided in Article III, Section 3, exceeds eighty, it shall make a reapportionment that shall bring the number of Delegates within this limit, after carefully examining the membership list of component societies to determine therefrom the number of delegates to which each county medical society shall be entitled. Such reapportionment to take place at the annual meeting next succeeding that at which the reapportionment is approved by the House of Delegates.

Sec. 7. The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws, and such county societies shall not amend or change the same, contrary thereto.

Sec. 8. The Council, when the best interest of the Society and profession will be promoted thereby, shall organize district medical societies, and all members of the component county societies, and no others, shall be members in such district societies.

Sec. 9. The Secretary, with the written authorization of the Chairman, may submit any urgent question to the Council by mail ballot.

Sec. 10. The Chairman shall appoint a committee of two who shall audit the accounts of the Society at least once every month, and who shall have general supervision of all the finances of the Society.

Sec. 11. The Council shall carefully investigate all charges of malpractice alleged against any member in good standing, and if it is found that such charges are groundless, it shall take such steps as it deems proper for the best interests of the Society. For such purpose it is authorized to employ an attorney, or attorneys, to advise or

defend in all matters for, or on behalf of, the Society or members thereof.

Sec. 12. The Council shall appoint a Committee on Arrangements, to consist of three members, and who shall serve for one year. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements at the meeting place. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the sessions, as occasion may require.

Sec. 13. The Publicity Bureau shall consist of the President of the Society, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary, the Editor and the General Attorney. The Bureau shall elect its own Chairman, and the Secretary shall act as secretary thereof. It shall keep a record of its proceedings and report same to the Council. It shall initiate action, investigate or take charge of all matters in which the welfare and the best interests of the public and of the Society are mutually concerned.

ARTICLE VI. SCIENTIFIC WORK.

Section 1. The Committee on Scientific Work shall consist of the Secretary of the Society, the Secretaries of the Scientific Sections, and four members of the Society who shall be elected by the House of Delegates, one each year to serve for four years. The Secretary of the Society shall be the Chairman thereof. It shall determine the character and scope of the scientific proceedings of the Society, subject to the instructions of the House of Delegates.

Sec. 2. ORDER OF BUSINESS. General Meeting.

1. Calling to Order.
2. Address of Welcome.
3. Address by President.
4. Reading and Discussion of Papers and Reports of Standing Committees.
5. Reading and Adoption of Minutes.
6. Adjournment.

House of Delegates.

1. Calling to Order.
2. Roll Call.
3. Report of President.
4. Report of Secretary.
5. Report of Council.
6. Report of Editor.
7. Report of the Chairman of the Auditing Committee.
8. Report of the Standing Committees.
9. Report of Special Committees.
10. Unfinished Business.
11. New Business.
12. Announcement of Place of Meeting.
13. Election of Officers and Delegates.
14. Reading and Adoption of Minutes before Adjournment of Each Session.
15. Adjournment.

Sec. 3. The above Order of Business of either Branch of this Society shall be subject to tempo-

rary change or suspension by a majority vote of all members present, except the election of Officers and Delegates, as provided in Article VI, Sections 1, 2 and 3 of the Constitution.

Sec. 4. No paper, address or report presented before the general meeting, except the address of the President, shall occupy more than twenty minutes. In discussion, no member shall be allowed to occupy more than five minutes, except by consent.

Sec. 5. The House of Delegates may elect, or authorize the President to appoint, or the Council may elect, or authorize the Chairman to appoint, special committees to serve for one year or until the next annual meeting, upon scientific subjects and work, not otherwise provided for.

ARTICLE VII.

COUNTY SOCIETIES.

Section 1. All component county societies of this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

Sec. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be issued only upon approval of the Council or House of Delegates, and shall be signed by the President and Secretary of this Society. The Council or the House of Delegates shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Sec. 4. Only one component medical society shall be chartered in any county.

Sec. 5. Each county society shall judge of the qualifications of its own members, but, as such societies are the only portals of this Society and to the American Medical Association every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Every applicant for membership in a component society must fill out and sign in duplicate the application blanks provided by the Society prescribing the necessary qualifications for membership.

Sec. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and if the decision of the Council be questioned, an appeal shall be taken to the House of Delegates, whose decision in any case shall be final.

Sec. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts; but in case of every appeal, both as a Board and as

individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred, without cost, but upon assuming such financial obligation as shall be deemed proper by the component society to which transferred, to the roster of the county society into whose jurisdiction he moves.

Sec. 9. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, provided that the consent of the society of the county in which such physician may reside be first obtained, and also the consent of the society which he desires to attend.

Sec. 10. At some meeting in advance of the Annual Session of this Society each county society shall elect a delegate or delegates, and an alternate or alternates, to represent it in the House of Delegates of this Society, in proportion of one delegate to each twenty-five members or major fraction thereof, and the Secretary of the county society shall send a list of such delegates to the Secretary of this Society, at least two weeks before the Annual Meeting.

Sec. 11. The Secretary of each component society shall keep a roster of its members and of the non-affiliated registered physicians of the county, on which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note and at once notify the State Secretary of any changes in the personnel of the profession, by death or by removal to or from the county, on blank forms to be furnished by the State Society therefor, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

Sec. 12. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society before the first day of March of each year.

Sec. 13. Any county society which fails to pay its assessment or make the report required, on or before March 1st, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates during the annual session of that year, nor thereafter until such requirements have been met.

Sec. 14. In counties where it is not practicable to organize a County Medical Society, any member of the profession in said county may have the privilege of uniting with the society of an adjoining county, but such membership shall continue only during the time that no organized County Medical Society exists in that county. If, however, it is more convenient for a physician who lives in one county to attend the meetings of an adjoining component society, he may continue as

or become a member of such society, provided that jurisdiction be first waived by the society of the county in which such physician may reside.

Sec. 15. Any component society having its privileges suspended for two successive years shall be dropped from the list of component societies.

Sec. 16. If any County Medical Society shall refuse to pay its annual assessment, or to investigate a charge against any member, or to discipline such member if found guilty, or commit any act which may be derogatory to the honor of the medical profession, such society may have all its rights and privileges suspended, on a two-thirds vote of the Council or of the House of Delegates.

Sec. 17. No member of a component society shall be deprived of his membership unless by his own act, except by a three-fourths affirmative vote of all the members present at a regular meeting, and after an opportunity has been given for the accused to be heard in his own defense; but a member shall be dropped on the revocation of his certificate by the Board of Medical Examiners of California.

Sec. 18. No member shall be permitted to resign while he owes dues, or while he is under charges. Any member of a component society who is censured, suspended or expelled shall have the right to appeal to the Council of this Society. This appeal must be made within three months from date of the act of censure, suspension or expulsion. The decision of the Council shall be reported to the House of Delegates of the State Society at its next annual meeting, for final adjudication.

Sec. 19. When a member shall resign his membership in a component society, he shall thereby forfeit all right and title to any share in the privileges and property of the Medical Society of the State of California, or its subordinate divisions.

Sec. 20. Any County Society may, in its discretion, create a class of associate members; physicians not licensed to practice in this State, but connected with any of the State or Federal service or engaged in research, scientific or teaching work, shall be eligible to associate membership. Persons engaged professionally in branches of science allied to medicine but not holding the degree of Doctor of Medicine may be elected to associate membership.

Associate or honorary members of any county society are not members of this Society.

ARTICLE VIII.

SEALS.

Section 1. The seal of this Society shall be of the same size and design as the seal of the State of California. The marginal inscription shall have in the upper segment, "The Medical Society of the State of California"; in the lower segment, "1856 and 1902." It shall be in the custody of the Secretary of this Society.

ARTICLE IX.

MISCELLANEOUS.

Section 1. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 2. The deliberations of this Society shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 3. The Principles of Medical Ethics of the American Medical Association are recommended in the conduct of members in their relations to each other and to the public.

Sec. 4. The fiscal year of the Society shall be from January 1st to December 31st, and all books and accounts shall be balanced and closed on the 31st day of December.

Sec. 5. For the purpose of determining the amount of the assessment upon each component society for the fiscal year, the Secretary of each component society shall file with the Secretary of the State Society, on or before the first day of March of each year, a statement of the number of members in good standing on the first day of January of such year, as provided in Article I, Section 3. Names of additional members may be transmitted to the Secretary of this Society at any time during the year, but all names transmitted shall be accompanied by the assessment to the State Society for that year. Any such new member joining a component county society at any time during the Society's fiscal year shall pay the regular annual assessment to be applied as such for the fiscal year in which he joins; provided that if such new member joins a component county society after July 1st, he shall pay only one-half the regular annual assessment for such fiscal year.

ARTICLE X.

AMENDMENT TO BY-LAWS.

Section 1. The House of Delegates is authorized to amend any Article or Section of the By-Laws by a three-fourths affirmative vote of the delegates present; provided, that such amendment has been submitted in writing and laid on the table for twenty-four hours previous to being voted upon.

Sec. 2. The Constitution and By-Laws heretofore governing this Society are hereby repealed, and this Constitution and By-Laws shall be in full force and effect immediately after it is declared duly adopted.

Upon motion of Jas. H. Parkinson, seconded by C. Van Zwahlenburg, it was unanimously

Resolved, that the Amendments to the By-Laws be adopted as a whole and all in conflict be repealed.

Upon motion of Geo. H. Kress seconded by H. A. L. Ryfkogel it was unanimously

Resolved, that a war tax of \$2.00 per capita instead of \$1.00 (as recommended for adoption at the previous meeting) be levied on all the members of the Medical Society not in military service, in order to meet the deficit occasioned by military enrollment.

Upon motion it was regularly moved and seconded that reading the Minutes of the Second Session be dispensed with.

Upon motion it was regularly moved and seconded that the House of Delegates adjourn to meet at Hotel Potter, Santa Barbara, April, 1919.

THOSE REGISTERED AT THE FORTY-
SEVENTH ANNUAL MEETING OF THE
MEDICAL SOCIETY, STATE OF CALIFOR-
NIA, DEL MONTE, APRIL, 1918.

A.

L. P. Adams, Oakland.
U. S. Abbott, Richmond.
H. E. Alderson, San Francisco.
W. C. Alvarez, San Francisco.
F. L. Anton, Los Angeles.
J. M. Armstrong, Alhambra.
J. R. Aetern, Oakland.
Rachael Ash, San Francisco.

B.

J. H. Barbat, San Francisco.
G. M. Barrett, San Francisco.
E. I. Bartlett, San Francisco.
Hans Barkan, San Francisco.
E. E. Baumeister, Chico.
Eugene Benjamin, Sacramento.
P. K. Brown, San Francisco.
E. B. Boyes, Oakland.
John V. Barrow, Los Angeles.
M. D. Baker, San Jose.
Thos. O. Burger, San Diego.
E. E. Brinkerhoff, Oakland.
Adelaide Brown, San Francisco.
René Bine, San Francisco.
Mary H. Brown, Hollywood.
J. A. Bacher, San Francisco.
W. W. Boardman, San Francisco.
J. W. Beattie, Santa Clara.
R. E. Bering, San Francisco.
J. A. Beck, Salinas.
W. C. Billingsley, Hayward.
F. W. Birtch, San Francisco.
F. H. Bowles, Oakland.
L. M. Breed, Pasadena.
Wm. F. Blake, San Francisco.
G. A. Briggs, Sacramento.
Hugh J. Bolinger, Lodi.
J. M. Brown, Los Angeles.
M. P. Burnham, San Francisco.
E. Lee Burch, Watsonville.
J. P. Bushong (guest), Oakland.

C.

Paul M. Covington, San Diego.
W. E. Carter, Los Angeles.
A. B. Cecil, Los Angeles.
F. B. Carpenter, San Francisco.
W. A. Clark, Oakland.
B. F. Church, Redlands.
J. C. Crawford, Orange.
W. W. Crawford, San Diego.
George L. Cole, Los Angeles.
Asa W. Collins, San Francisco.
Titian Coffey, Los Angeles.
A. F. Cowden, Santa Cruz.
Roland Cummings, Los Angeles.
C. E. Curdts, Oakland.
Daniel Crosby, Oakland.
C. L. Curtiss, Redlands.

D.

W. B. Dakin, Los Angeles.
Louis C. Deane, San Francisco.
F. E. Detling, Los Angeles.
Clarence A. De Puy, Oakland.
Jas. R. Dillon, San Francisco.
G. P. Dillon, Sacramento.
S. W. Dowling, Santa Cruz.
Wm. Duffield, Los Angeles.
Rex Duncan, Los Angeles.
C. A. Dukes, Oakland.

E.

G. E. Ebright, San Francisco.
T. C. Edwards, Salinas.
H. B. Ellis, Los Angeles.
L. A. Enge (guest), San Francisco.
George H. Evans, San Francisco.
Edw. N. Ewer, Oakland.

F.

W. H. Fetherston (guest), San Francisco.
W. S. Franklin, San Francisco.
J. R. French, Los Angeles.
C. M. Fox, San Diego.
Otto G. Freyermuth, San Francisco.
J. F. Friesen, Los Angeles.

G.

A. Galbraith, Oakland.
H. W. Gibbons, San Francisco.
M. R. Gibbons, San Francisco.
Carl M. Gibson, Palo Alto.
John H. Graves, San Francisco.
A. S. Granger, Los Angeles.
H. B. Graham, San Francisco.
N. J. Gottbrath, San Francisco.
E. T. Gould, Sonora.
A. B. Grosse, San Francisco.
F. J. Gundry, Bakersfield.
Herbert Gunn, San Francisco.

H.

David Hadden, Oakland.
G. J. Hall, Hilts.
O. D. Hamlin, Oakland.
F. A. Hamlin, Bakersfield.
Jo. Hamilton, Oakland.
E. W. Hanlon, Los Angeles.
Hill Hastings, Los Angeles.
George A. Hare, Fresno.
P. F. Haskell, Artesia.
W. H. C. Hatteroth, Oakland.
Henry Harris, San Francisco.
R. W. Harvey, San Francisco.
Carl L. Hoag, San Francisco.
H. O. Howitt, San Rafael.
Florence M. Holsclaw, San Francisco.
H. P. Hill, San Francisco.
Frank Hinman, San Francisco.
A. W. Hoisholt, Napa.
W. L. Huggins, Los Angeles.
Vard H. Hulen, San Francisco.
T. W. Huntington, San Francisco.
Samuel H. Hurwitz, San Francisco.
Sol Hyman, San Francisco.

J.

L. C. Jacobs, San Francisco.
P. N. Jacobson, Turlock.
Josephine A. Jackson, Pasadena.
J. W. James, Sacramento.
Edward C. Johnson (guest), San Francisco.
C. B. Jones, Sacramento.
Ellis Jones, Los Angeles.
H. A. Johnston, Anaheim.
P. A. Jordan, San Jose.

K.

E. E. Kelly, Pomona.
A. S. Kelly, Oakland.
C. G. Kenyon, San Francisco.
E. W. Kent (guest), San Francisco.
Maurice Kahn, Los Angeles.
Joseph H. Kech, Palo Alto.
F. H. Koepke, Watsonville.
G. H. Kress, Los Angeles.
H. A. Kiefer, Los Angeles.
Joseph M. King, Los Angeles.
John C. King, Banning.
E. V. Knapp, San Francisco.
R. B. Knight, Stockton.
Henry J. Kreutzman, San Francisco.
Martin Krotoszyner, San Francisco.
C. W. Kohl (guest), San Francisco.
J. H. Kuser, San Rafael.

L.

Lovell Langstroth, San Francisco.
W. M. Lewis, Los Angeles.
Mary H. Layman, San Francisco.
Robt. T. Legge, Berkeley.
Bert E. Loehr, San Jose.
A. S. Lobingier, Los Angeles.
Hans Lissner, San Francisco.
H. H. Lissner, Los Angeles.
F. M. Loomis, Oakland.

Frank Lynch, San Francisco.
W. R. Livingston, Oxnard.
G. D. Lyman, San Francisco.
L. R. Luton, Santa Barbara.

M.

H. R. Martin, Riverside.
F. C. E. Mattison, Pasadena.
A. H. Mays, Sausalito.
Alice F. Maxwell, San Francisco.
J. J. Medros, Haywards.
H. G. Mehrtens, San Francisco.
Lewis Michelson, San Francisco.
Robt. W. Miller, Los Angeles.
Martin Molony, San Francisco.
A. W. Morton, San Francisco.
G. G. Moseley, San Francisco.
Howard Morrow, San Francisco.
W. Moore, San Francisco.
W. E. Musgrave, San Francisco.
M. McAulay, Monterey.
Jas. J. McNamara (guest), San Francisco.
Thos. J. McCoy, Los Angeles.
H. C. McClenahan, San Francisco.
T. C. McCleave, Oakland.
H. Y. McNaught, San Francisco.
J. H. McKellar, Los Angeles.
Lyle G. McNeile, Los Angeles.

N.

J. C. Neel, San Francisco.
H. P. Newman, San Diego.
E. A. Newton, Los Angeles.
J. C. E. Nielsen, San Diego.
A. N. Nittler, Santa Cruz.
Dr. Pauline Nusbaumer, Oakland.

O.

F. J. Old, Los Angeles.
Roderic O'Connor, Oakland.
F. K. Orella, San Francisco.
Daniel E. Osborne, St. Helena.
E. E. Ostrom, Loomis.

P.

Jas. H. Parkinson, Camp Fremont.
E. M. Palette, Los Angeles.
Garth Parker, Salinas.
H. F. Peart (Attorney), San Francisco.
F. C. Peirsol, Mendocino.
P. T. Phillips, Santa Cruz.
R. J. Pickard, San Diego.
P. H. Pierson, San Francisco.
Lulu Hunt Peters, Los Angeles.
Kaspar Pischel, San Francisco.
Robt. Pollock, San Diego.
C. B. Pinkham, San Francisco.
Saxton T. Pope, San Francisco.
Langley Porter, San Francisco.
N. B. Potter, Santa Barbara.
H. D'Arcy Power, San Francisco.
F. M. Pottenger, Los Angeles.
M. E. Purcell, Oakland.
H. A. Putnam, Banning.

R.

G. G. Reinle, Oakland.
R. L. Rigdon, San Francisco.
Arthur Ritter (guest), San Francisco.
A. M. Ritchie, Pacific Grove.
Emmett Rixford, San Francisco.
A. R. Rogers, Los Angeles.
L. M. Rose, Santa Clara.
H. A. Rosenkranz, Los Angeles.
R. F. Rooney, Auburn.
Leon J. Roth, Los Angeles.
A. H. Rowe, Oakland.
Hurbert N. Rowell, Berkeley.
L. M. Ryan, Banning.
L. R. Ryan, Santa Barbara.
H. A. L. Ryfkogel, San Francisco.

S.

Philip M. Savage, San Bernardino.
E. H. Schneider, Los Angeles.
Walter F. Schaller, San Francisco.
R. J. Scott, Jr., Los Angeles.

H. H. Sherk, Pasadena.
A. B. Spalding, San Francisco.
F. M. Shook, Oakland.
Wm. Simpson, San Jose.
A. J. Sanderson, Berkeley.
George M. Starbird, Soledad.
George A. Spencer, Sacramento.
G. L. Sobey, Paso Robles.
E. C. Sewall, San Francisco.
J. M. Shannon, Oakland.
S. E. Simmons, Sacramento.
E. D. Shortlidge, San Francisco.
J. A. Sperry, San Francisco.
Albert Soiland, Los Angeles.
F. Stabel, Redding.
Harlan Shoemaker, Los Angeles.
Harry M. Sherman, San Francisco.
C. C. Snyder, Los Angeles.
E. R. Sill, Oakland.
S. E. Simons, Sacramento.
Fred A. Speik, Los Angeles.
Ellen A. Stadtmuller, San Francisco.
Wm. E. Stevens, San Francisco.
C. S. Stoddard, Santa Barbara.
W. H. Streitmann, Oakland.
B. F. Surryhne, Modesto.
A. M. Smith, Oakland.
Dudley Smith, Alameda.
L. L. Stanley, San Quentin.
T. A. Stoddard, San Francisco.
R. T. Stratton, Oakland.
J. F. Sullivan, San Francisco.

T.

Wm. A. Taltavall, Redlands.
W. L. Teaby, Monterey.
C. P. Thomas, Los Angeles.
Jerome B. Thomas, Palo Alto.
E. B. Todd, San Francisco.

V.

C. Van Zwahlenburg, Riverside.
V. G. Vecki, San Francisco.
S. N. Vendel, Hayward.
Edw. Von Adelung, Oakland.
Harry M. Voorhees, Los Angeles.
Wm. C. Voorsanger, San Francisco.

W.

A. W. Walker, Riverside.
G. W. Walker, Fresno.
Ethel M. Watters, San Francisco.
James Watkins, San Francisco.
Clyde Wayland, Watsonville.
M. W. Ward, Woodland.
H. C. Warren, Belmont.
George S. Wells, Santa Barbara.
Wm. A. Weldon, San Francisco.
Cullen F. Welty, San Francisco.
C. M. White, Visalia.
W. Le Moyne Wills, Los Angeles.
Emma K. Willits, San Francisco.
Geo. H. Willcutt, San Francisco.
Wm. P. Willard, San Francisco.
Ralph Williams, Los Angeles.
O. O. Witherbee, Los Angeles.
D. S. Woodard, Watsonville.
W. W. Wymore, San Francisco.

Y.

John C. Yates, San Diego.

Z.

A. H. Zeiler, Los Angeles.

Book Reviews

Technique of Operations on the Bones, Joints, Muscles and Tendons. By Robert Soutter. N. Y.: Macmillan, 1917. Price, \$4.50.

This is a good, practical book. The preface says, "The work contains only carefully tried-out methods which cover operations on the bones, joints, muscles and tendons, including muscle transplantations together with all the common

operations for the correction of deformities and some of the less usual ones. It is intended as a practical guide for advanced students, and for the surgeon who desires to select one of several tried-out methods for any special case.

"I have endeavored to give the important details of all procedures in order to freshen the surgeon's memory before operating. . . .

"The operative procedures, useful in infantile paralysis, are dealt with at length and the tried-out methods are here recommended rather than every possible operation."

There are many practical hints on the use of plaster of Paris, directions for pre- and post-operative care, for pre-operative arrangements and adjustment of apparatus and descriptions of orthopedic manipulations.

The illustrations are good in the main, but some, e. g., those of the author's operation for hip-contraction, are so tiny as to be unclear.

The book will be a vade-mecum for many an interne; it should be of interest and value to anyone doing orthopedic surgery. L. E.

The Surgical Clinics of Chicago, Volume II, Number I (February, 1918). Octavo of 226 pages, 73 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

Contents: E. W. Andrews and C. L. Mix: Duodenal ulcer. A. J. Ochsner: Basal-celled epithelioma of neck. Repair of post-operative ventral hernia. Sarcoma of thigh with metastases in vas deferentia. A. E. Halstead: Meningeal cysts. A. D. Bevan: Cholelithoplasty. Gallstone ileus. Ruptured extrauterine pregnancy. Benign stricture of rectum. L. L. McArthur: Operative clinic demonstrating practical points in nephrectomy and resection of colon. Kellogg Speed: Gunshots of head. T. J. Watkins: Radium in gynecology. D. N. Eisendrath: Ureteral strictures. R. T. Vaughan: Acutely strangulated intra-abdominal tumors. W. Hesser: Arthroplasty of knee. D. C. Straus: Acute ileus caused by appendix adherent to right ovary. C. Beck: Conservative surgery in children. Extensive laceration forearm and hand with decoliation of integument, laceration muscles, fracture of bones. Recovery with perfect function. F. G. Dyas: Local anesthesia in major surgery. Diverticulum of urinary bladder. C. Davison: Successful repair fractured femoral neck. Removal exostosis internal condyle femur. C. A. Parker: Non-operative clinic illustrating therapeutic measures employed in orthopedic conditions (13 cases). J. Ridlon: Difficulties in diagnosis of hip disease.

A Clinical Manual of Mental Diseases. By Francis X. Dercum, M.D., Ph.D., Professor of Nervous and Mental Diseases Jefferson Medical College, Philadelphia. Second Edition, Revised. Octavo of 497 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$3.50 net.

The publication of a second edition of this excellent text-book affords the reviewer an opportunity of calling the attention of the profession to this well-arranged manual. For simple, logical classification and for well-expressed presentation of the subject, this work stands in pleasant contrast to many others on the same subject. Especially for the beginner in psychiatry is such a book well calculated to induct him into this complicated field with a minimum of confusion and with a substantial basis for deeper study. The practitioner, in his consideration of the nervously afflicted that he has to deal with, will find much of value in this manual, much that will make his understanding of the needs of these cases more sympathetic and more helpful. G. H. T.

Principles of Surgical Nursing. A Guide to Modern Surgical Technic. By Frederick C. Warnshuis, M.D., F.A.C.S., Visiting Surgeon, Butterworth Hospital, Grand Rapids, Michigan, Chief Surgeon Pere Marquette Railway. Octavo of 277 pages with 255 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net.

This is a pretentious book, lavishly illustrated. It contains little information that a nurse will find useful to refer to or to read more than once. The half-tone illustrations are pleasing, but line drawings would be clearer; about one-third to one-half of them are quite superfluous. Yet the book is so pretty that it will probably sell. L. E.

The Way Out of War. Notes on the Biology of the Subject. By Robert T. Morris. 166 pages. New York: Doubleday, Page & Co., 1918.

A quite incoherent and nystagmic attempt at explaining by evolutionary principles war and the rise and fall of nations. Here is a sample sentence: "In order to carry some sort of plain picture of a complex process we postulate that the ionic atomic impact from a stimulated brain cell upon the ether gives rise to an ether impulse which on the rebound possesses potency for stimulation of the brain cell." (p. 24.) L. E.

Diseases of the Skin. By Milton B. Hartzell, A. M., M. D., LL. D. Published by J. B. Lippincott & Co. Philadelphia and London. 1917.

Hartzell has written an excellent treatise on dermatology and illustrated it with carefully selected black and white and colored prints.

It is difficult to select any specific subject which the author has handled best, as he has treated the whole so well, including all the up-to-date knowledge of dermatology and syphilis. It is therefore complete as a text-book. The reviewer can highly recommend it for both the general practitioner and the specialist in skin diseases. G. D. C.

The American Medical Council on Pharmacy and Chemistry, 1917, published by the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, is a most valuable book to the practicing physician. S. P.

New and Non-Official Remedies, 1918, published by the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, contains data with which every physician should familiarize himself. Price, \$1.00. S. P.

Correspondence

FROM DR. R. H. HUNT.

U. S. S. "Corsair," May 12, 1918.

My dear Doctor Beckman:

Well, as per agreement, I will drop you a line to let you know that I have changed my address, not a great change but enough to make note of. While over here I went aboard a very trim looking yacht and had a chat with the medical officer aboard. During our conversation something was said about trading ships, well I was willing and he was anxious so I told him to go ahead and see if he could work it. Much to my surprise he did and so here I am and I presume he is back in the States by now.

The "Corsair" belonged to Mr. J. P. Morgan and I am very much obliged to him for having such a comfortable large and fast ship and besides that it looks very good. Mr. Censor, a very, very nice fellow, does not want me to tell you the kind of work that we are doing so I will not cross him by saying other than that we have work to do which has its joys, thrills, dangers and leisure. We get a chance to work on dry land once in a

while and I assure you that this is a very pretty time of the year over here. The fields of red clover are at their best and the trees are well out and I do not suppose it will be long before we will be having the fruits of the season.

The work is booming here and every time we come in we can see the changes that have taken place since we left. The American Forces are putting in a lot of work over here. It seems that we cannot learn to use the facilities that they have over here, though the French have made them do for a long time. The first thing that everyone does when they see a freight train and engine is to say: "Toot, toot," for they do look so much like a toy. The French are showing some difficulty in understanding our methods and I fear that they do not fully appreciate what we have done already, much of it seems so useless to them. I think though in a very short time that we will be having them look at us in the right light. The peasants who are in the towns seem to take the Amex soldier as a sort of a tourist who is out for a good time, they cannot understand the boys who sky-lark and go to battle all the same day.

I have visited some of the hospitals on shore here and those located with camps have about the same old thing to do, i. e., preventive and prophylactic medicine. I visited Cabot's Hospital Base, they are just about getting into good working order and have a big place. At present there are more medical cases there than anything else. They are quite a way from trouble but I suppose train service will make them closer when things get going as they no doubt will before long.

With very good wishes, I am,

Yours truly,

R. H. HUNT.

MEDICAL WOMEN'S WAR SERVICE.

To the Editor:

The American Women's Hospitals represent the national organization of medical women in the United States, to which over 2000 medical women are registered for war service. Half this number are available at a moment's notice for foreign service.

The distressing condition in the allied countries convinces us that the work is essential. When we realize the diabolical military idea of the Huns, who by imperial edict compel the repopulation of their own country, while at the same time they are in every manner devitalizing the inhabitants of France and Belgium through starvation, deprivation and all sorts of atrocities and depredations which civilization cannot countenance, their crude and cruel attempts to prevent the perpetuation of other nations by inoculating their prisoners with germs of T. B. and syphilis, and the mutilation of innocent children,—then it behooves us, the people of America, to foster the mothers and children of France, Belgium and Serbia, and by our money and efforts strive to make the inhabitants of these war-ridden countries strong physically and mentally.

We are told by eye witnesses of the thousands of French and Belgian children who are driven from Germany by way of Switzerland, when they are no longer able to work, and half starving and diseased are herded into France to be fed and cared for. These horrible conditions are beyond belief.

Through the efforts of our medical women our organization has obtained three ambulances and one motor laboratory fully equipped, which has been sent to Serbia. Besides sending many surgical supplies and instruments, ether, etc.

Sixty-five of the women physicians have already been sent to France to do civilian relief work. Two Los Angeles women have recently left for this work, and they write us that we cannot conceive of

the terrible conditions of poverty and privation which exist there. They tell us we must work, and work, and work still more to send aid to these stricken people.

Our plan is to interest all the lay people in our work, and to raise money to equip and support in France, Belgium and Serbia hospital units with outlying dispensaries and to do civilian relief work in the allied countries. Also our American women of the American Women's Hospitals are organized to aid in caring for the dependents of the soldiers and sailors at home.

A few weeks ago there was put on in New York City a campaign to raise \$200,000 for this work; \$250,000 was raised at that time, which will go towards equipping our hospital unit. Realizing the success that this work has reached by this great appeal we in the Los Angeles District are putting on an open campaign to raise the sum of \$50,000 for this work. This is a small amount when we realize the great need and the poverty that exists over there while we are practically all of us living in luxury.

Yours very truly,

ETTA GRAY, M. D.,

State Chairman, American Women's Hospitals.
May 29, 1918,
Los Angeles.

County Societies

The Los Angeles County Medical Association met on April 9, 1918, at 8 P. M., in the Auditorium of the old Los Angeles Normal School, at Fifth and Olive Streets.

It was a patriotic meeting, called at the request of the Government.

This is a special meeting, called for the purpose of hearing Major D. Jump, who comes with a special message direct from the office of the Surgeon-General, and our Government at Washington. The meeting is especially intended for the members of the Los Angeles County Medical Association, the Los Angeles County Dental Association, the Los Angeles County Pharmaceutical Association, and the Los Angeles County Nurses' Association.

All physicians, dentists, pharmacists, and nurses, and members of their families and friends and clients, were cordially invited to be present.

The audience joined the leaders in patriotic songs with exceptional enthusiasm.

Dr. William Duffield, president of the Society, opened the meeting and requested Dr. E. Avery Newton, chairman of the committee on Red Cross Work, to preside.

The regular meeting of the Los Angeles County Medical Association took place in Hamburger's Cafe, May 2d, at 8:15 p. m., Dr. Duffield presided.

A vote of thanks was extended by the Society to Congressman Osborn for his recommendation of Dr. D. D. Lucy for the Los Angeles Reserve Corps.

Dr. Walter M. Dickie's subject was "Venereal Phases of the War Social Service."

Dr. Duffield introduced Dr. Milbank Johnson saying that he stood in the front rank in altruistic work, and that he has done much good.

Dr. Milbank Johnson, member of the Executive Committee of the California Military Welfare Commission, spoke on "The Sociological Work" of that commission.

In August of 1917 the Governor at the request of the Secretaries of War and Navy created the California Military Welfare Commission consisting of seventeen ladies and gentlemen meeting in

various places throughout the State. The object is to reduce prostitution, prevent the sale of alcohol to soldiers and sailors, stimulate and foster recreation of a healthy kind.

May 16, 1918, meeting of the Los Angeles County Medical Association in the Hamburger Building, at 8:15 p. m.

Dr. Duffield called the meeting to order. Dr. George H. Kress proposed that the Society go to the top of Mount Lowe for the last meeting before vacation, the first Tuesday in July, to have a banquet or informal dinner.

Dr. Duffield said that it would be an inexpensive trip. Dr. Thomas moved to carry out that program. The motion was unanimously carried.

Captain M. M. Cloud reported for the month of May.

Dr. Duffield said that there are fourteen teams of five or more members on the Membership Committee. We need members both for fellowship and financial support. The Society is about \$2000 in arrears, the same as at the beginning of the year. The advantages are so numerous that every doctor ought to become a member. There are many old men, some retired, and women doctors who are acceptable. Each member ought to get one or more, and then our deficit would be liquidated. The Barlow Medical Library is used a great deal and has good material though we cannot get new books, the journals are on hand. Donations of \$5 each will give pleasure. At a meeting of the State Secretaries of the A. M. A., I proposed a committee to anticipate a possible draft. Broadminded men should be appointed to examine why doctors do not enlist in the Medical Reserve Corps. I met with some opposition but with the authority of the Council, I'll go ahead. Dr. MacGowan at first opposed, but thinks it all right now. It gives every man a chance to go before the committee. The data can then be utilized to stimulate those below 38 years of age, by having older men go. The younger men are wanted.

Dr. William A. Edwards of the Physicians and Surgeons Second Liberty Bond campaign said that \$178,000 was collected from the profession. Five to seven million men more are needed with 80,000 physicians. Twenty thousand are to make up for retirements, diseases and casualties. You will receive cards for subscriptions to the second Red Cross War Fund. Send any sums from 10 cents up. A letter from Dr. W. W. Richardson was received two weeks ago. He is in Philadelphia and said:

"You may use my letter, although I may have expressed myself too strong. There is no news about our going, but arrangements have been made to go soon. Taft believes that there will be four or five years more of war. I heard comments about our period of inactivity. The critics say that there cannot be much need for doctors if they have to wait. Two base hospital units are needed for the Navy. San Francisco was selected and the other in Philadelphia is to be sent soon. Our time will come, we are needed. A hospital building is being sought. They are scarce. Negotiations are pending to secure a hospital for many patients, and we are to have important places. We requested that some senior officers be sent in advance. Dr. Murphy explained to Admiral Benson that we must be in readiness and must not be separated. Our wait was due to existing conditions. This has nothing to do with the Army. I will go when I am needed and the Governor is to decide when we are needed. Now we are not ready but we at least try to do our duty. A slacker is beneath contempt and a pro-German ought to be ostracized."

Dr. Sherk said that the Volunteer Medical Service Corps was started in Chicago last fall.

The organization is under the management of the National Council of Defense and the Surgeon General of the Army. Those over 55 years old are eligible and also those who for other reasons are not accepted in the Medical Reserve Corps. A doctor over 55 is excused from going if he is essential in a school as teacher, or if the public needs him as health officer, or if in charge of an institution, he is the only remaining man, or has to look after the civic population, so too a man with sick wife or children or with too many depending upon him, is exempt. Another with dependents but having an income to take care of them would have to go. Women physicians would be included. The object is emergency service. Of military and civic services, most are in civilian life, but as more go to the front, the members of the Volunteer Medical Service Corps will have to take their place. They will then have their opportunity, some in cantonments, some limited to service in this country or they may have to go to the front. The names will be on file in Washington. All men will be put where the Government can use them. To put these men in a proper place before the public and not be classed as slackers, and we do not want any one to think us such, this organization will put you into a corps attached to the Medical Reserve Corps. You will not get a uniform or a salary, but a badge. A slacker cannot get an insignia of the Volunteer Medical Reserve Corps. A man of bad character, lack of scientific ability or a lack of desire to get in cannot get uniform or insignia, but is a slacker.

The regular scientific program was arranged by Dr. Shuemaker.

Dr. Clarence A. Johnson's subject was on "The Result of the Schick Test for Diphtheria Susceptibility."

Personals.

Dr. James J. Choate, aged 66 years, died June 1 of heart trouble at the house of a patient. He served as Major-General during the Spanish-American war and was police surgeon in this city from 1893 to 1895.

Lieut. G. S. Porter, physician of Los Angeles, left June 1 for Portland, Oregon, to report for duty in the Medical Corps attached to the Air Service Division of the U. S. Army.

Capt. H. K. Berkley Takes Bride at Santa Monica.

Capt. Berkley of the Medical Corps of the U. S. Army, and son of Major S. L. Berkley of Santa Monica, was married to Miss Martha Westbrook, daughter of Mr. and Mrs. John R. Westbrook of 505 Georgina avenue, at the Augustine church, Santa Monica, on the morning of May 8. Dr. Berkley is stationed at Camp Kearny.

Dr. W. D. Bishop of the Soldiers' Home medical staff has been ordered to report for army service at San Francisco, from where he will go to the base hospital at Camp Kearny. The doctor is the fifth physician called from the Soldiers' Home hospital. The board of managers are finding it difficult to keep the hospital staff full to its quota.

Dr. Edward C. Folsom, one of the first trustees of Santa Monica, died May 10. The City Council adopted resolutions of respect and appreciation for his services. He had practiced medicine in Santa Monica for the past forty years. He is survived by a daughter, Mrs. R. T. Lanterman, and a son, Dr. Walter Folsom.

Dr. David Charles Davies, for twenty years a resident of Pasadena, died at the home of his daughter, Mrs. Lewis H. Mitchell, May 13, at the age of eighty-five. He was U. S. Consul at Swansea, Wales, during President Cleveland's administration, after practicing medicine for twenty-five years in Columbus, Wis. He is survived by his daughter, Mrs. Mitchell, and five grandchildren.

Godspeed to Dr. Vera Placida Gardner.

Dr. Vera Placida Gardner, Los Angeles City

Bacteriologist and physician, who will soon leave for France as a member of the Stanford unit, was given a farewell reception at the Wolfe & Doerr studio by a large gathering of women friends, professional associates, nurses and Red Cross workers. Dr. Gardner was presented with a handsome steamer rug and shawl strap with gold nameplate by Mrs. Kate D. Johns, inspector of hygiene and home nursing at the Los Angeles Red Cross Chapter House.

Dr. Gardner will be accompanied by her sister, Miss Margaret Gardner, and fifteen women graduates of Stanford University. The members of the unit are from the ranks of lawyers, physicians, social workers and others to do general relief work.

Surgeon-General Ryerson, the father of the Canadian Red Cross, of Canada, having seen twenty-one months of active service in France as Inspector-General of Red Cross work, arrived May 22 in Los Angeles as volunteer speaker for the second war fund drive of the American Red Cross. His wife was lost on the Lusitania and his daughter distinguished herself on that occasion so that King George decorated her for exceptional bravery and resourcefulness. One son is in command of an artillery unit in France, the other is captain of engineers, and the third, as captain in the 3rd Canadian Regiment, lost his life in France. General Ryerson of Toronto founded the Canadian Red Cross 23 years ago.

Second Health Tests.

All men rejected by the exemption boards of the United States because of physical disability are to be recalled before the boards for another examination, according to Edythe L. M. Tate Thompson, director of the Bureau of Tuberculosis, California State Board of Health. She says California has fewer tubercular men in camps than other Western States.

State Will Help Fight Mosquitoes.

Governor Stephens conferred with Los Angeles sanitary officials, the Los Angeles Health and Sanitation Committee. Dr. L. M. Powers of Los Angeles Health and Dr. Taylor of Long Beach Health Departments presented data for the Governor and suggested that the State stand part of the expense of exterminating mosquitoes in the territory affected. The Governor assured the committee that the State would willingly co-operate and do its share toward mitigating the nuisance. At present the expense would fall upon Los Angeles and Long Beach jointly, as the lands affected are partly in each city. Communications from Prof. Gillespie and Prof. Quayle, State Entomologist, offered their services to the movement free of charge.

A force of men, supervised by Prof. Henry Quayle, began draining the marshes near Zinc Station. The sum of \$9000 has been pledged by the State, city of Los Angeles and Long Beach for the extermination of the mosquitoes. Drainage and the spreading of oil will be the methods employed. Dr. Philip Hedges, P. W. Porter and A. Amdsen will assist. The mosquitoes are a menace to the shipbuilding and fishing industries. Dr. R. L. Taylor, health officer, will take steps to do the work within Long Beach.

Health Study.

The Public Health Department of the University of California will give courses in its summer session beginning June 24, until August 3 in the Los Angeles High School building, under the supervision of Dr. John Nivison Force. His assistants will be Cecilia Evans, Marguerite Sniers, Annette Stuart and Dr. J. L. Pomeroy. Bulletins may be had at room 417 Union League building.

Sanitation Lectures.

The University of California Extension Division has arranged for a course of fifteen lectures on

Army Sanitation, arranged particularly for selective service registrants, to be delivered by Dr. J. L. Pomeroy, county health physician. The first meeting of the class was held May 28. Notice of the formation of the class has been sent to local exemption boards.

Receiving Hospital Head.

Dr. G. C. Stadfield was elected May 10, by the City Council, to the office of chief surgeon at the Receiving Hospital, to take the place of Dr. John P. Gilmer, whose resignation was accepted to take effect on June 15.

Mayor Asks Los Angeles to Buy Sanitarium.

Mayor Woodman will recommend the purchase of El Retiro, a sanitarium with thirty cottages and other buildings, for a women's detention home and reform school. The buildings and ten acres of land can be purchased for \$17,000, of which but \$6000 in cash must be paid out of the present year's budget. He thinks it can be made self-supporting by placing the women inmates at work making garments.

The establishment, with the men's detention farm, will make it unnecessary to spend \$400,000 for a new jail until after the war.

The members of the City Council have called upon the Social Service Commission to get an idea as to operating cost for one year. President Farmer of the Council said that Dr. Milbank Johnson suggested to the members of the Council a printing plant, but it was questioned whether women could master printing in six months, the limit of time the police court can sentence them.

Moron Institution Sites.

Four sites are considered by the State Board of Control for the location of the State institution for the moron class of feeble-minded children of Southern California, two in San Diego County, one in Santa Barbara and one in Orange County. Mrs. J. Powers Flint of the Pacific Colony Board conferred with State officials. The sum of \$300,000 has been appropriated for the purchase of site and buildings. Two thousand children are to be provided with an institution on 800 acres.

MENDOCINO COUNTY.

Report of proceedings of the regular meeting held in the office of Dr. O. H. Beckman, Fort Bragg, on Saturday evening, May 18th, 1918.

Dr. A. C. Huntley, acting as president, called the meeting to order. Members present: Drs. A. C. Huntley, H. Peddicord, L. C. Gregory, F. C. Peirsol and O. H. Beckman.

A questionnaire has been sent out since the meeting; we hope for prompt answers.

A letter from Wm. Pillsbury to a member regarding the Industrial Accident Commission's new law and its application.

Dr. Huntley made the suggestion that we invite the dentists of Mendocino county to become associate members of this Society.

Program: Dr. Beckman read a paper, "The Mendocino Coast and County as a Health Resort." This paper points out the special fitness of this coast and climate for the recuperation of health and strength, be the cause whatsoever (excepting pulmonary and allied). It also brought to notice its unsurpassing suitability for Uncle Sam and his medical branch for recuperative purposes and the training of convalescents. It invited sufferers from malarial regions to investigate this coast.

Dr. Peddicord gave the history of a recent and very interesting case of nephritis.

Dr. Piersol reported an unusual case of an eighteen-months-old child swallowing and passing through its alimentary canal stones, a string and a nail. The exhibit made quite a handful.

Adjourned for coffee and Hooverized bread, etc.

Our Volunteers: Asst. Surgeon R. H. Hunt,

U. S. N. R. F., is on the U. S. S. "Corsair." Capt. H. H. Wolfe, at last account, still in charge of Infirmary, Camp Crane, Allentown, Pa. Capt. R. A. Babcock, at last account, training under experts of the S. F. Military Medical Post-Graduate Department.

SAN JOAQUIN COUNTY.

The regular meeting of the San Joaquin Medical Society was held on Friday evening, May 24, at the Chamber of Commerce, the Vice-President, Dr. Linwood Dozier, presiding. Those present were: Drs. R. R. Hammond, L. Dozier, Mary Taylor, J. E. Nelson, H. J. Bolinger, E. B. Todd, D. R. Ray, S. R. Arthur, B. F. Walker, J. T. Davison, W. T. McNeil, F. J. Conzelman, W. J. Backus, R. B. Knight, F. P. Clark, C. D. Holliger, S. P. Tuggle, W. F. Priestly, C. F. English, C. L. Six, and D. R. Powell with Dr. Boehmer of Lodi, Dr. Dodge of Stockton, Dr. Walter Alvarez, and Dr. Frank Hinman of San Francisco as guests.

The paper of the evening was presented by Dr. Frank Hinman from San Francisco, whose topic was, "Diagnosis of some conditions producing frequency and difficulty of Urination." The doctor's paper was very complete and thoroughly interesting and illustrated by lantern slides which demonstrated not only anatomical facts but also showing pathological conditions. In addition to the lantern slides the doctor demonstrated several specimens. After a general discussion the meeting adjourned.

STANISLAUS COUNTY.

At a meeting of the Stanislaus County Medical Society, held at the Modesto Hotel, Modesto, on the evening of the fourteenth of June, the following gentlemen signed applications for commissions in the Medical Officers' Reserve Corps, and had their examinations: Ira J. Clark, Fred R. De Lappe, John L. Hennemuth, Peter N. Jacobson, Benjamin F. Surryhne, Irving B. Thompson, Frank L. Bateman, Elwin F. Reamer, J. C. Robertson, J. J. Knowlton.

TULARE COUNTY.

The regular meeting of the Tulare County Medical Society was held at Visalia June 12. Dr. C. D. Sweet, of Fresno, gave a talk on "Infant Feeding," which included many points of practical value in other pediatric lines, as well as suggestion for ante-partum care of mothers. A general discussion of the subject in its various aspects followed.

Reports from the Committee on Sanatorium for Tuberculosis, for Kings and Tulare Counties was presented by Dr. Melvin and discussed.

The shortage of nurses and need for systematic listing of all practical nurses in the county was noted. Adjourned to meet in September.

Military News

MEDICAL OFFICERS OF THE TWELFTH NAVAL DISTRICT, SAN FRANCISCO, CALIFORNIA.

Surgeons.

Baker, M. W.
Crispin, E. L.
Hewlett, A. W.
Smith, Rea
Stillman, Stanley

Past Assistant Surgeons.

Ashmore, Frank
Barkan, Hans
Barnett, G. D.
Bollor, Phil
Bryant, F. J.—P. A.

Charlton, A. T.
Charlton, C. F.
Chamberlin, H. B.
Clark, V. C.
Cowan, J. R.
Gilman, P. K.
Hughes, F. A.
Inman, T. C.
Jacobs, J., U. S. N.
Lingenfelter, G. P.
Miller, F. W.
McNulty, A. H.
Milligan, C. F.
Minaker, A. J.
Morton, L. D.
Richardson, W. W.
Spalding, O. B.
Tebbe, W. B.
Thorne, I. W.
Tupper, E. B.
Vogel, A. B.
Wier, T. F.
Williams, T. E.
Stearns, A. W.
Jacobs, J., U. S. N.

Assistant Surgeons.

Adams, J. R.
Ainslie, C. A., U. S. N.
Andrus, C. L., U. S. N.
Baldwin, Grove
Behlow, W. W., U. S. N.
Butler, E. W.
Brady, E. J.
Avery, L. G.
Callanan, J. L., U. S. N.
Chamberlin, W. E.
Christiansen, R. C., U. S. N.
Cohn, M. L.
Cook, E. P.
Conroy, D.
Cummins, F. A.
Courtenay, G. T.
Craig, J. B.
Crossman, J. W.
Davis, B. F.
Dickson, A. R.
Donnel, R. H.
Dorn, N. F.
Duncan, H. B.
Dunn, T. B.
Gilbert, R. A., U. S. N.
Goettach, A.
Goss, O. S.
Galbraith, F. B., U. S. N.
Gerdine, L.
Gilmer, J. P.
Guinan, E. R.
Foye, F. A.
Hammond, T. V.
Hare, H. P., U. S. N.
Harvey, J. E., U. S. N.
Halzberg, H. L.
Horner, W. D.
Hubbard, H. D.
Hunt, R. H.
Hogan, J. J.
Horton, J. C.
Hosmer, C. M.
Irvine, R. S.
Josephs, L.
Judy, A. S.
Jauss, L. C.
Keene, W. P.
Krummes, H. P.
Linde, F. J.
Lorentz, Robert, Jr., U. S. N.
Lundegaard, E. M., U. S. N.
Langer, A. J.
Lieber, C.
Lyman, T.
Marsh, O. G.
McCarthy, F. J., U. S. N.

McDonald, T. C.
 McNulty, A. H.
 Muller, F. W.
 Olds, W. H.
 O'Neil, B. J.
 Owen, J. A., Jr., U. S. N.
 Price, M. J.
 Pierce, S. W.
 Pruett, J. F., U. S. N.
 Ragel, H. G., U. S. N.
 Reed, A. C.
 Reuling, J. R.
 Ruddock, J. C.
 Ryan, R. C.
 Ratchford, I. W.
 Schaidt, A. E.
 Schwartz, J. L.
 Searles, H. H.
 Sooy, D. F., U. S. N.
 Stadtherr, A. L.
 Schütz, M. H.
 Sweet, F. W.
 Thomas, R. W.
 Thompson, H. A.
 Viscalli, Joseph
 Winnard, W. F. R.

State Board of Health

Meeting of June 1.

The State Board of Health met in regular session in Sacramento on June 1st. The following members were present: Dr. George E. Ebricht, President; Dr. F. F. Gundrum, Vice-President; Dr. Edward F. Glaser and Dr. Adelaide Brown.

Dr. Galvin J. Telfer was appointed State Health Officer for the Southern District beginning June 1st.

Upon the recommendation of the Director of the Bureau of Venereal Diseases the name of the Bureau was changed from "The Bureau of Venereal Diseases" to "The Bureau of Social Hygiene."

Upon the recommendation of the Director of the Bureau of Tuberculosis the subsidy was suspended for twenty-three beds in the women's ward of the Los Angeles County Hospital, for fifteen beds in Ward 8 of the San Francisco Hospital, and for the entire Tuberculosis Ward of the Sacramento County Hospital. These suspensions were made because the standards required by the State Board of Health were not being maintained.

Upon the recommendation of the Director of the Bureau of Tuberculosis, a dietitian will be employed temporarily to go into the tuberculosis hospitals for the purpose of arranging proper diets for the class of patients in these institutions. The Secretary pro tempore was instructed to notify all tuberculosis hospitals that separate ward provisions for children must be made.

The Board passed a resolution to the effect that a regular collegiate course in Mills College, leading to a degree and two additional years of training in the University of California Hospital or Lane Hospital be accepted as meeting in full the requirements of the Nurses' Registration Act for an accredited training school.

Certificates as registered nurses were granted to two nurses under the reciprocity provisions of the Nurses' Registration Act.

Upon the recommendation of the Director of the Bureau of Sanitary Engineers, under certain conditions a temporary permit was granted to the Sycamore Canyon Water Company near Glendale. A temporary permit was granted to A. V. Faight of Stockton to use a sewer well in Manteca for a period of six months.

The regular hearings of food and drug cases were then taken up by the Board.

F. F. GUNDRUM, M. D.,
 Vice-President and Secretary pro tem.

Head Measurements of Soldiers and Identification

By ARTHUR MacDONALD,
 Anthropologist, Washington, D. C.

I have submitted to the War Department for consideration some of the reasons why the measurements of the maximum lengths and maximum widths of the heads of soldiers should be taken. I suggest that this be done when the height of the soldier is measured in his regular examination for military service. These measurements with the collateral evidence, such as comparison of teeth with the dentist's record at home and with the evidence as to age, as indicated by ossification of the skeleton, will greatly increase the facility and probability of identification.

Collateral Evidence.

Teeth: Form, size, kind, regularity, position, and any peculiarity. Also nature of the fillings, whether crown or not, broken teeth, degree of decay and other details familiar to dentists.

Synostoses: The most frequent place is at a point on the sagittal suture at the union of its posterior fifth with its anterior three-fifths where the suture is clearly marked obelion. If the suture is entire, the individual is about thirty-five years of age or less. If the posterior sagittal point is commencing to close in, the subject is about forty years of age. The ossification of the coronal suture close to bregma indicates a subject fifty or more years of age. A closed temporal suture indicates an age of sixty-six years or more. In the white race ossification generally proceeds from behind forward; in the negro race it is the reverse.

Condition of Skeleton: Ossification of long bones: At sixteen, the calcaneum is ossified throughout; at seventeen the greater trochanter is united to the head of the femur; at eighteen the superior extremity of the femur is united in its entirety to the shaft; at nineteen the epiphyses of the metatarsal bones are united to the body; at twenty, the epiphyses of the metacarpal bones are united to the body; at forty-five, the xiphoid cartilage is ankylosed to the sternum; at fifty, the coccyx is ankylosed to the sacrum. These and other general statements based upon leading authorities would help much as collateral evidence towards identification when age is in question.

Comparison of Head Measurements of the Dead With Those of the Living.

In comparing the maximum length and maximum width of a skull where the soft parts are absent or decayed away with the measurements of the living subject 5.1 millimeters should be added to the maximum length and 6.9 millimeters to the maximum width of the skull. In addition to this, the cephalic index of the living subject can be compared with the cephalic index of the skull after death by adding two units to the cephalic index of the skull as done by Topinard and other authorities.

It might be added that the time required to make the measurements of the maximum length and maximum width of head is one minute. One person could measure from three to four hundred soldiers a day. The callipers to make the measurements would not cost more than \$10 a pair, and probably much less. The Bertillon cephalometer, a French instrument, or the Collyer cephalometer, an American instrument, could be used. If not possible at first to make these measurements of all the soldiers, I would suggest a beginning be made as early as possible. As the French are very expert in such matters, it might be possible to have many of our men in Europe measured and the measurements sent back to this country. The men could be measured at any time here or in Europe convenient for them.

Physical Status of the American People.

The physical measurements of our young men

that are now being made for their entrance into the military service are the beginning on a large scale of establishing the physical status of the American people. These measurements of maximum width and maximum length of head which furnish the cephalic index are the two most important measurements of the body, and therefore increase greatly the scientific value of all the other measurements, whether physical or psychological. As most all important studies of peoples and races have the cephalic index, these two head measurements would make it possible to compare the American people with other peoples, races and nations. The American people are paying and sacrificing for the war; they are therefore entitled to such knowledge.

References.

- Czekanowski (a Polish writer): *Untersuchen über das Verhältnis der Kopfmasse zu den Schädel massen.* Braunschweig, 1907, 4°, 48 pp.
 Topinard, *Anthropology*, London, 1878, with introduction by Broca, 8°, 548 pp.
 Deniker, *Races et peuples de la terre*, 16°, Paris, 1900.
 Manouvrier, *Aperçu de céphalométrie anthropologique.* Année Psychologique, 1898.
 Paul-Boncour, *Anthropologie anatomique.* Crane-Facette sur le vivant, Paris, 1912, 12°, 396 pp.
 Schmidt, *Anthropologische Methoden*, Leipzig, 1888, 336 pp.

American Women's Hospitals

Dr. Louise Richter of the American Women's Hospitals spoke at the picnic of the Los Angeles Pioneers of California on May 25 in Sycamore Grove, as follows:

During the 1917 meeting of the American Medical Association, a number of representative women physicians of that organization, who are also members of the medical women's National Association, appointed a war service committee; and this committee inaugurated the American Women's Hospitals, with the approval of the Surgeon-General of the Army and the Director-General of the Department of Military Relief of the American Red Cross.

One object of this war committee was to determine the number of women physicians in the United States and the number willing for war service, but the main object in view was to establish a hospital, with a circle of outlying dispensaries in one of the devastated countries, when necessary.

This committee found that there were about 6000 women physicians in the United States, and more than 2000 have expressed a desire for war service, either at home or abroad.

The name American Women's Hospitals was chosen as a parallel and complimentary to the Scottish women's hospitals.

These professional women of America desire to follow in the footsteps of their British sisters and "do their bit" in this world's war for righteousness.

In the beginning of the war the British women physicians offered their services to their own country, but as you know at that time Great Britain was not favorable to women in the profession as well as in many other walks of life, so they were told that the British Red Cross and the War Office were fully supplied. However, undaunted, these patriotic women offered their services to the Allies and were accepted at once by the French, Belgian and Serbian Red Cross.

In December, 1914, the first complete hospital unit was sent out under the French Red Cross; their hospital of 400 beds was placed behind the firing line in sound of the guns.

In two years 2859 operations had been performed upon the wounded French, with 1.9 per cent. mortality.

The Scottish Women's Hospitals sent out their first unit to Serbia in January, 1915, just after the

Austrian Army had been driven over the Serbian frontier, leaving thousands of their dead, sick and wounded behind. Every room and building available was filled with these miserable, shivering, verminous men suffering with typhus of the most virulent type, septic wounds and bed sores.

They took charge of a 570-bed hospital when an urgent call came from 70,000 typhus cases entirely unattended and Dr. Alice Hutchinson was sent on with another unit, with fresh supplies from Scotland. On the way they halted at Malta to care for their own wounded countrymen from the Dardanelles.

They established four units in Serbia and cared for thousands and thousands of the sick and wounded, and the mortality was extremely high and their hospitals were hard hit, but they continued to work and work until they were gradually driven back by the Austro-German Army.

The Scottish Women's Hospitals did work of untold value in Salonica, Corsica, Russia and finally began work under the British War Office.

They now have eleven units in the devastated countries. The British Government have been fully convinced of the fitness of women physicians for medical war service. The Scottish Women's Hospitals have been placed in charge of a hospital of 600 beds in London for the British wounded.

The British Government is not only urging the women to study medicine but offering to pay for the medical education of women adapted for this work who are unable to meet their own expenses.

The work of the Scottish Women's Hospitals extends to the care of old people, babes and mothers, the wounded in the trenches, inspection of civic sanitary conditions, management of base hospitals, care of refugee children and the expectant mothers.

Women physicians placed in civilian relief work would leave the medical men free for military duty.

A number of the American women physicians offered their services when needed and now it is their duty to answer the urgent, insistent call for foreign war service and they have taken for their slogan "We are ready; put us across."

The patriotic men and women of the United States will undoubtedly support the American Women's Hospitals, just as the British men and women have supported the Scottish Women's Hospitals.

Besides efficiency in caring for the wounded soldiers, the women physicians can face cheerfully all hardships and bring a woman's atmosphere of comfort and a suggestion of home to our boys "over there."

Sixty-five American women physicians are already "across" and still insistent calls for more are coming from France, Serbia, Belgium and Italy.

Three women physicians from Los Angeles are now in foreign lands. Drs. Helen Woodroff and Margaret Farwell are doing civilian relief work in France.

A recent letter from Dr. Farwell expresses fully the need for medical women. She says: "The need for workers here is far greater than ever before and I only hope you will all work and work and then do it all over again and again. The woe and want is quite past belief. We think that the tenements at home are in poor condition and they are bad, but they cannot compare with what has happened to the children of France and the women of France, during these three years of perfect hell. Thank God it can never come to the United States."

One American woman physician is in a military hospital with General Pershing. One has charge of a maternity and children's hospital. Another is making a survey of the institutions for refugee children in France. Another has charge

of 500 refugee children. This woman took the place of a medical man who was rushed to the front in less than one hour after her arrival, and so on down the list, every one worthy of honorable mention.

There are many patriotic women entering war work, but they must first be trained; the woman physician is already trained, and ready for immediate service.

The American Women's Hospitals have been urged to establish hospitals in the war zone, similar to those established by the Scottish Women's Hospitals so this organization is making an effort to establish at once, a hospital in Serbia and one in France. The exact location must be left to the French Government and the American Red Cross in France.

Three hundred thousand dollars will fully equip one base hospital and after it is once established the French Government will gladly support it.

A recent drive in New York "went over the top."

We expect to put on a ten-day drive for \$50,000, beginning June 22nd, and every man, woman and child will have the opportunity, not only to join the American Women's Hospital Auxiliary, but each one will have an opportunity to open his purse and raise his voice in our behalf.

"We are ready: Put us across."

New Members

Beck, Ida A., Gridley.
Burke, W. P., Redlands.
Zimmerman, I. M., San Diego.
Wylie, D. Baldwin, Salinas.
Moore, Wm. O., Soledad.
Taylor, Armstrong, San Francisco.
Butka, Leslie H., Sanitarium.
Herrick, F. Leslie, Oakland.
Siegmond, Fred W., Los Angeles.
Shickle, Chas., Los Angeles.
Mikels, Frank M., Los Angeles.
Foye, Frank A., Los Angeles.
Gardner, Vera Placida, Los Angeles.
Merrill, Harry P., Los Angeles.
Cleaves, Montague, Los Angeles.
Brimhall, S. J., Los Angeles.
Schenck, George F., Los Angeles.
Flint, J. L., Glendale.
Beatty, Hannah, Los Angeles.
Hunt, Helen A., Los Angeles.
Hollingsworth, L. D., Los Angeles.
Ruth, Ray Frederick, Los Angeles.
O'Brien, J. J., Los Angeles.

Resigned

Steinwand, Oscar W., Parlier.

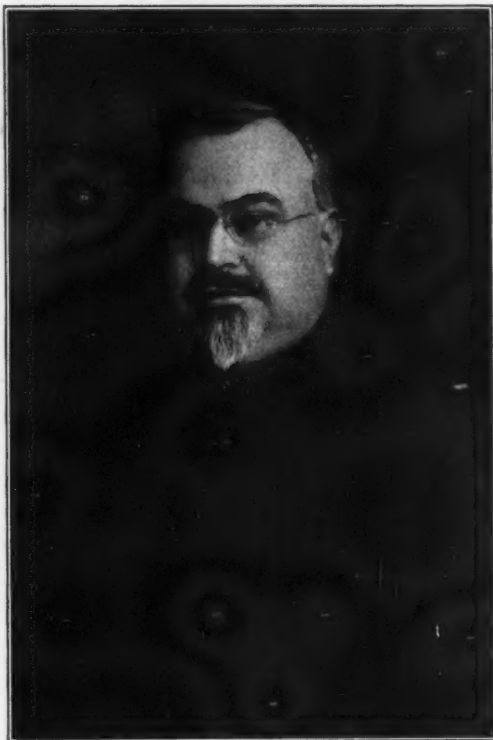
Transferred

Benedict, Wm. L., Rochester, Minn.

Obituary

Birtch, Fayette W., San Francisco.
Muller, Carl L., Nevada City.
McMillan, Duclid, San Jose.
Ball, Seymour E., Eagle Rock, Cal.
Tisdale, T. P., Alameda.
Tredway, Edw. Everett, Pasadena.
Folsom, E. C., Santa Monica.
Flanagan, L. J., South San Francisco.
Choate, Jas. J., Los Angeles.

CAPTAIN WALTER S. JOHNSON
San Francisco



"... when it should please my country to need my death."—Julius Caesar, Act 3, Scene 2.

He gave to the Medical Reserve Corps grace of manner, ever ready kindness of heart, gentle sympathy, quick understanding of the soldier sick, young or old, with his many complicating emotions; and a selfless patriotism and a well tried professional ability. Unfortunately, his health was not equal to this "give all" nature.

The doubt of reaching ideals, so characteristic of well-informed, noble and striving men, added a mental strain to the heavy physical one of military responsibility.

When he was ordered to assume duty in the field, it being thought that out of doors would add to his strength, the entire staff of the Letterman General Hospital deplored his going. It would seem that his resistance was not fit for the task of military medicine, for he came back to us a sick man, and after a long struggle, died.

We think of him as one who died for his country. We give him the same adoration we give those serving in France, who meet death with honor, courage and faith in the right and might of our fight and flag.

J. WILSON SHIELDS,
Major, M. R. C.